

CHEMIST & DRUGGIST

The newsweekly for pharmacy

April 2, 1994

PHARMACY
GUIDE **INSIDE**
SUNCARE



NEW *Impulse*

A BEAUTIFUL
TRANSFORMATION

Impulse



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LEADERS IN PERSONAL CARE

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to abandon
milks scheme**

**Nurse scripts
for October?**

**Updates on
stoma care and
referral forms**

**Wellcome shed
350 workers**

**Boots name
new chairman**



**Sunpreps move
into the hot seat**



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**Sunpreps move
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THEY'LL BE LOOKING

TO YOU FOR REAL RELIEF

FROM HAY FEVER EYES.

Brol-eze from the makers of Brolene is now available over the counter.

For the coming hay fever season there is a major new opportunity to generate OTC growth. Brol-eze, containing sodium cromoglycate previously only available on prescription, is now on sale to everyone with hay fever eyes. Coming in value-for-money 10ml bottles, it's backed by an eye-catching advertising campaign reaching your customers throughout April and May. So now is the time to stock up. A full range of high impact pharmacy display materials will be available as well as a comprehensive pharmacy education and training programme.

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EYE DROPS

FOR THE TREATMENT
OF EYE PROBLEMS RELATED
TO ALLERGIC SEASONAL
CONJUNCTIVITIS
INCLUDING HAY FEVER



ABBREVIATED PRODUCT INFORMATION Eye drops containing sodium cromoglycate Ph Eur 2% w/v as the active ingredient with benzalkonium chloride 0.01% w/v as preservative, disodium edetate BP 0.05% and purified water BP. **Indications:** For the treatment of acute (seasonal) allergic conjunctivitis, including hay fever. **Dosage:** Adults, children and the elderly. One or two drops into each affected eye up to four times daily. **Contra-indications:** Hypersensitivity to sodium cromoglycate, benzalkonium chloride or disodium edetate. **Interactions:** None known. **Warning/Precautions:** Since sodium cromoglycate is essentially prophylactic, patients should be advised not to discontinue using the drops unless advised to do so. The eye drops should not be used whilst wearing soft contact lenses, because of the preservative they contain. As with other ophthalmic preparations, patients should be advised to discard any solution remaining 28 days after opening. Brol-eze should only be used during pregnancy where clearly needed. **Adverse Effects:** Following instillation of the drops, transient symptoms may occur. These may include blurring of vision, burning, stinging. Patients should be advised not to drive or operate machinery until clarity of vision has been restored. **Overdose:** Sodium cromoglycate is poorly absorbed through the gastro-intestinal tract. In case of overdose, no action other than medical observation should be necessary. **Pharmaceutical Precautions:** Store below 30°C and protect from light. **Legal Category:** P. **Package Quantity:** Each bottle contains 10ml. **Retail Price:** £3.59. **Product Licence Number:** PL 0530/0356. **PL Holder:** Norton Healthcare Ltd. **Distributor and further information:** Available from Rhône-Poulenc Rorer, St Leonard's Road, Eastbourne BN21 3YG. **Date of preparation:** January 1994.

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Comment

It is ironical that the Birmingham welfare milk scheme has been the role model for health authorities in everything except the minor matter of pay. "Official intransigence", as Birmingham Local Pharmaceutical Committee chairman Jan Nicholls puts it, could now ensure that a testament to the worth of community pharmacists falls by the wayside.

There is no doubt that the pharmacies involved in the scheme in Birmingham, and elsewhere, are providing a valued community service. And while most pharmacists are happy to continue offering welfare milk on an at-cost basis, it is wrong to expect the profession to subsidise health authorities who are lax in their reimbursement. One pharmacist has had two late payments in the past eight months; a delay of nine weeks between the token being fulfilled and remuneration received. A further five tokens were disallowed, resulting in a loss of £25.

Penalising pharmacists for fraudulent tokens taken in good faith is unjust when such a service is being provided *gratis*. It is not the profession's fault that authorities have yet to devise a forgery-proof token.

The concept of pharmacists as paper policemen is not new; the profession may yet be asked to ensure that those signing the back of their FP10s are indeed exempt from charges. Already, pharmacists act as unpaid tax collectors,

a public service for which there is neither recognition nor remuneration. If pharmacists are to act as barriers against fraud, then there must be payment for doing so.

At the recent local pharmaceutical committee conference there was a mass display of the perils of "localisation", with pharmacists from various regions showing an almost 20 per cent regional variation in health authorities' perception of the cost price per tin of baby milk. Adequate payment for pharmacists should not be a matter of demographic luck. However, those with generous health authorities will not want to suffer when the national scheme is finally implemented.

A national welfare milk scheme through pharmacies was first mooted over three years ago and since then the wheels of bureaucracy have moved exceedingly slowly. There is no doubt that pharmacists are ideally placed to offer this service, nor that customers appreciate the increased accessibility. However, there is massive doubt that the various authorities appreciate what is on offer. Birmingham, in common with many other areas, has very few welfare clinics still in operation. If the HAs do not see sense, and schemes cease to be so widely available, will they then find the money to fund alternatives when they are unable to fund adequately the free service provided by Birmingham pharmacists and their peers?

Birmingham LPC to pull out of milk scheme

Birmingham pharmacists involved in distributing welfare milk are being urged to withdraw from the scheme.

"I just feel we are being made a fool of, as we are losing money by being involved in the scheme," Birmingham Local Pharmaceutical Committee chairman Jan Nicholls told *C&D*.

Birmingham has been cited as a role model for other welfare milk schemes since it was first initiated in Autumn 1992. Then, participating pharmacists were reimbursed for the cost of the milk plus a 6 per cent fee. However, since last October pharmacists have only received the cost per tin. This was an interim agreement until the national welfare milk scheme was in place.

However, the current failure to implement a national welfare milk scheme, rising milk prices and Birmingham South and Birmingham North Health Authorities' late payment to pharmacists (or non-payment when tokens accepted in good faith were disallowed) mean pharmacists are, at best, breaking even and, in many cases, are losing money.

The LPC is recommending that contractors withdraw from the service when the contract comes up for renewal this week, giving the HAs the statutory eight weeks' notice.

"Pharmacy finances are already stretched to the limit and we cannot agree to underwrite the Department of Health and the HAs indefinitely," Mrs Nicholls told *C&D*.

Boots and the Co-operative pharmacies have indicated that they will elect to stay within the current scheme.

"It is up to contractors," says Mrs Nicholls. "The vast majority of members of the LPC are wanting to pull out, so the overwhelming response will be that we cannot fund the scheme any longer."

Godfrey Horridge, financial executive at the Pharmaceutical Services Negotiating Committee, says: "We are obviously disappointed that health authorities are not providing adequate remuneration and we can see that LPCs do not have a choice. I hope the authorities see sense before the deadline."

Although the LPC is anticipating a strong public reaction, according to LPC secretary Trevor Solomon, it believes that the public should be made aware of the reasoning behind this decision, and should

be encouraged to complain to the respective health authorities, the Department of Health, community health councils and their members of Parliament.

Already the LPC's decision has been featured in several local newspapers and on radio stations with BBC Radio Four's "You and Your" programme arranging an interview with Mrs Nicholls this week.

Pharmacies in the Birmingham area distribute an estimated 80,000 tins of infant formulae per month through nearly 200 outlets in the city.

Pharmacy contractors in Wickham are also concerned that their welfare milk payments have been dramatically reduced. They are seeking to withdraw from their present scheme at the end of the month.

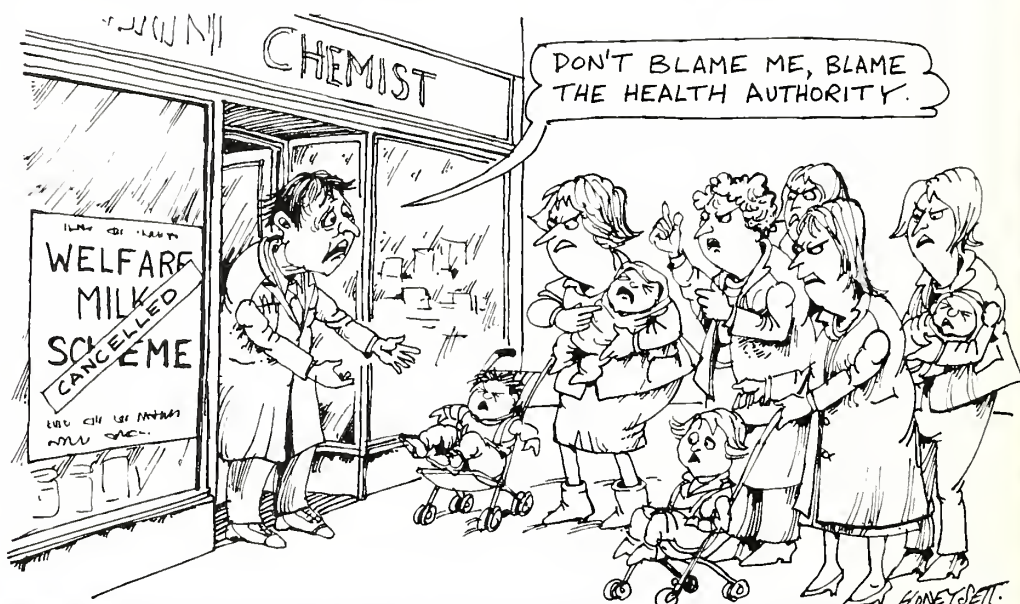
PSNC rejects 2 per cent pay offer

The 2 per cent pay offer made to English and Welsh contractors by the Department of Health on March 14 (*C&D* March 19, p452) has been rejected by the Pharmaceutical Services Negotiating Committee.

PSNC officers said "no" at a plenary meeting with DoH officials on Tuesday, March 29 following a PSNC meeting held the previous week. A response to particular comments raised by the Committee is expected "shortly after Easter".

PSNC secretary Stephen Axon says he does not expect fee changes to be agreed in time for payment on April scripts and that May is also looking unlikely.

"I am disappointed that it took so long for the DoH to come up with this year's offer," he says.



Middlesex Group supports PSG's 'green list'

The Middlesex Pharmaceutical Group has voted unanimously in support of the principle of a "green list" of manufacturers, as proposed by the Pharmacy Support Group.

At a meeting held on March 23, the Middlesex Group, which represents around 600 community pharmacies, expressed concern at recent approaches by a number of pharmaceutical companies with regard to the sale of the new POM to P medicines.

With the increasing number of products becoming available in this category, and the danger of *agent provocateurs*, it is essential that pharmacists are seen to be counselling customers and being involved in the sale of all such

products, comments the Middlesex Group's chairman Adrian Korsner.

In a letter to PSG chairman Hemant Patel, Mr Korsner says that some products do not have a margin of sale that enables the pharmacist to be rewarded professionally.

The Middlesex Group will be circularising all their contractors and suggesting that they think carefully before stocking, and thus enabling products to be sold, at low margins.

Mr Korsner told *C&D* that the move had been prompted by calls he had received from pharmacists concerned about the margins being offered on certain pharmacy products.

Ethnic language labels on offer in Hillingdon

A scheme offering medicine labels in ethnic languages is being extended to ten pharmacies in Hillingdon, including some branches of Moss, Vantage and the National Co-operative Chemists.

A similar project has been running for a few months at a pharmacy in Hayes, where the pharmacist, Ravi Gidar, has incorporated the work into his postgraduate studies. When it was established that the scheme was well received by the public, the Family Health Services Authority decided to extend it to other pharmacies in the area.

The scheme offers labels in Urdu, Bengali, Punjabi or Gujarati, accompanied by the

same instructions in English. Participating pharmacies will display a window poster to publicise the scheme.

The pilot scheme, run by Hillingdon FHSA, is supported and financed by North West Thames Regional Health Authority and Glaxo. It will run initially until the end of June and will then be evaluated in full.

Carol Edwards, associate director, operational services, at Hillingdon FHSA, said the idea came from a meeting with Sukhjit Phull, director of Hillingdon Community Relations Council.

"I am delighted this project is under way and that it is a first for Hillingdon," she said.

Prescribing trials for nurses in place by Autumn

Nurse prescribing is to be up and running in eight demonstration sites by October, nine years after its introduction was first advocated.

One such trial site is planned in each of the eight newly-formed NHS Regional Health Authorities, Baroness Cumberlege, the Parliamentary Secretary at the Department of Health, has announced.

Addressing a Practice Nurse Conference in Sheffield on March 24, Lady Cumberlege said that nurse prescribing was an issue she had long championed.

"It has long been recognised that, by enabling nurses to prescribe, patients in the community will no longer have to wait in pain or discomfort for their medicines and dressings," she said.

"We believe it will prove to be quicker and a cost-effective use of staff time with nurses no longer having to return to a GP each time a patient needs a prescription.

"We now have the opportunity to test and measure those benefits through demonstration sites," Lady Cumberlege continued.

Emphasising the importance in teamwork in primary care groups, she said: "Successful nurse prescribing will depend on effective joint working between GPs and nurses."

The Chief Nursing Officer,

Yvonne Moores, will now be writing to all RHAs asking them to contact fundholders and invite applications.

These will be based in GP fundholding practices which already have a well-established primary healthcare team working in close relationship with their community units.

Criteria have been set and will include the presence of nurses with appropriate qualifications willing to undergo training.

Site bids will be sifted by each RHA to a shortlist of three with the final decision being made by the NHS Management Executive.

Nurse prescribing was first advocated in the Cumberlege Report: "Neighbourhood Focus for Care" in 1985.

NRHA funds community services development

The Northern Regional Health Authority has allocated £90,000 for the development of community pharmaceutical services as part of its 1994-95 prescribing initiative.

The initiative comprises a package of measures to promote high-quality, cost-effective prescribing and includes:

- educational opportunities for pharmacists and GPs in prescribing and therapeutics
- support for the development of community pharmacy services
- the operation, for a second year, of an incentive scheme for non-fundholding GPs who achieve defined target savings in their prescribing budgets.

Northern Region family health services authorities will be invited to submit bids for the development funds, which may be used to support pilot schemes in community pharmacy.

Examples could include the promotion of effective repeat prescribing, the support of

generic prescribing initiatives, facilitation of local prescribing advice for GPs, or participation in discharge planning.

Dr James Smith, regional pharmaceutical adviser, points to the recent Audit Commission report on GP prescribing, which acknowledged that community pharmacists are an under-utilised resource in advising GPs, educating the public and assisting in the management of prescribing budgets.

"Changes already under way in the delivery and remuneration of pharmaceutical services offer the prospect of improvement in the use of medicines in the community, but present great challenges both for pharmacists and for FHSAs as purchasers of pharmacy services.

"I am delighted that this funding has been made available to support developments that will lead to more effective use of pharmacists' skills in the community," Dr Smith said.

NPA Board

NPA approves of assistant training and sales protocols, with reservations

The National Pharmaceutical Association supports the Royal Pharmaceutical Society's recognition of the need both to restrict sales of medicines to pharmacies and to maintain professional control of all medicines sold in the interests of public safety. To achieve this, the public and opinion formers have to perceive a real difference between buying a medicine in a pharmacy and in other outlets.

Debating the consultative document on the sale of medicines from a pharmacy, the NPA Board, at its March meeting, considered that the report's implementation would contribute to reaching this goal.

The Board also approved, in principle, the establishment in each pharmacy of a written procedure to be followed when a medicine is sold, and the proper training of all medicines counter staff.

The Board was especially pleased that the NPA's Medicines Counter Assistant's programme had been identified as offering an appropriate level of training, although, for practical reasons, they would be urging the Society to recognise both of the NPA's pharmacy assistants' training courses.

Members had some worries about the costs of training, especially where several part-time assistants were employed, and wondered about the level of training required for other staff, who, while not normally employed on the medicine counter, might

work there from time to time.

The Board also had a number of practical questions relating primarily to accreditation, and they urged the Society's Council to keep the administrative burden of the protocols to the minimum necessary to ensure the attainment of the required standards.

Dispensing appliances The Board decided to write to Touche Ross, who have been retained by the Department of Health to review remuneration and reimbursement for the dispensing of appliances.

Its letter details pharmacists' disquiet at the current system which means that appliance contractors are much better paid than pharmacists for providing the same service.

The Board suggests there is scope for introducing a two-tier payment structure, with a lower rate being paid for a simple supply service and a higher rate for a comprehensive service. The rates of payment would apply equally to appliance contractors and pharmacists.

Care in the community Concerned that no pharmaceutical organisations had been consulted on the draft guidance on the discharge of mentally disordered people and their care in the community, the Board asked Mary Allen, the NPA's manager of professional and information services, to write to the Department of Health to explain the important role community pharmacists can play in the successful transfer of

patients from hospital to the community.

Access to pharmacies The report of the working group on access to community pharmacy services in England and Wales was welcomed by the Board, which expressed support for the proposals contained within it.

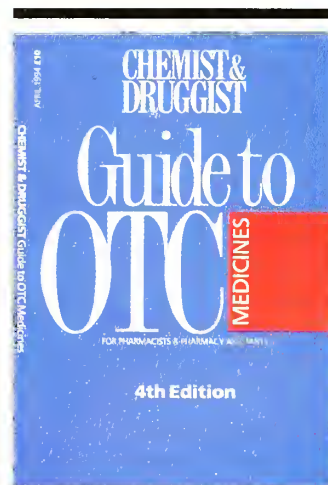
YPC committee David Sharpe will represent the NPA on a Young Pharmacists' Group committee looking at rational location of pharmacies.

Turner chairs homoeopathy board

Professor Paul Turner CBE, formerly professor of clinical pharmacology at the University of London, is to be the chairman of the new advisory board on the registration of homoeopathic products.

The board has been set up on the advice of the Medicines Commission to provide expert advice to the licensing authorities and to health and agriculture ministers on the safety and quality of homoeopathic products covered by the new registration scheme.

Other members of the board include: Glasgow community pharmacist Dr Steven Kayne; Dr Eileen Scott, senior lecturer at the School of Pharmacy, Queen's University, Belfast; Felicity Lee, homoeopathic practitioner from Cardiff; and Dr Georgina Jolliffe, retired senior lecturer in pharmacognosy, Chelsea College.



The fourth edition of the *Chemist & Druggist Guide to OTC Medicines* comes with this week's issue. Free to all subscribers, it is a revision of the September 1993 edition and contains the latest POM to P switches. Non-subscribers copies cost £10; contact Jan Powis on 0732 364422 ext 2487; additional copies for subscribers are £7.50 each

PSNC ready to negotiate on Audit report

The Audit Commission report made considerable reference to the part pharmacists can play in assisting rational prescribing, and the Pharmaceutical Services Negotiating Committee stands prepared to negotiate to help achieve this end.

In its official response to the Audit Commission's report (*C&D* March 12, p409), PSNC makes a case for incentives for pharmacists helping to reduce the drugs bill and also launches an attack on the availability of so-called branded generics. Overall, however, the Committee found itself in general agreement with the thrust of the recommendations.

Talks with GPs, resulting in the development of local formularies, is one area where pharmacists could contribute to drug cost reduction, says PSNC.

"The Committee is aware of incentives being given to general medical practitioners to assist in drug price reduction in return for reinvestment in the medical services. PSNC is convinced that such arrangements could, with benefit, be extended to the pharmacy sector by the effective use of the community pharmacist."

On the question of "branded generics", PSNC is concerned at the freedom given to companies to purchase products from a generic manufacturer and repackaging them. Many of these products bear the same product licence as the original generic item and may fall outside the

Pharmaceutical Price Regulation Scheme, the Committee says.

"In the view of the PSNC there is no justification whatsoever for this system to be allowed to continue."

The Committee suggests that arrangements could be made to amend the Selected List to allow the inclusion of such branded generics.

"The PSNC appreciates that to do this would mean a change in the principle of the Selected List being related to therapeutic groups. Nevertheless the cost savings would, in PSNC's view, justify such a change in principle."

Be more positive about health mergers

The chance for family health services authorities and district health authorities to merge is one to be grasped positively, believes Tony Shaw, chief executive of Southampton and SW Hants Health Commission.

"In my experience, it will benefit purchasing, it will benefit provider relationships and, most of all, it will benefit local people in the communities we serve," he told a National Association of Health Authorities and Trusts conference meeting in London last week.

Mr Shaw outlined what for him were some of the highlights of his Commission's first year. Primary and secondary care prescribing initiatives were well under way, with an increase in generic prescribing. Links had been made between GP and hospital prescribing with the medical adviser sitting on the drug and therapeutics committee of the acute trust and the pharmaceutical adviser sitting on

The Committee also supports:

- access for pharmacists to data on the quality testing on generics by regional health authorities
- increased liaison between doctors and pharmacists with regard to prescribing protocols
- involvement of pharmacists in discussions relating to hospital discharge regimens.

While agreeing that drug treatment review is an important role for pharmacists, PSNC would prefer to see this achieved by joint working between community pharmacists and GPs rather than by having salaried pharmacists working within the practices, as suggested in the report.

the secondary care formulary committee.

Mr Shaw added that the Commission had been able to switch some resources from secondary care into primary care projects such as dental health promotion and increased access for teenagers to contraceptive services.

Various pilots had been started to make primary care the focal point for services such as physiotherapy, dietetics and screening for eye disease by placing the resources with GPs rather than secondary care.

The Commission was also measuring health outcomes in an attempt to ensure that clinical interventions were effective.

"The challenge is to make the assessment of health outcomes a routine part of all contracting relationships," said Mr Shaw.

He added that it was also important for purchasers to encourage audit across primary and secondary care.

More money for Barnet High Street Health Scheme

Barnet Family Health Services Authority has now received sufficient funding to allow a fourth wave of its much-acclaimed High Street Health Scheme to be set in motion.

The money, from Glaxo Pharmaceuticals, will allow a further 20 pharmacists based in the area to undergo the basic training programme which allows them to be accredited by the FHSA.

This fourth wave, which should start in May or June, will mean that around three-quarters

of the area's pharmacists will have been trained.

Updates for pharmacists who have completed the training are ongoing and an audit process is being investigated as a way of evaluating the scheme and helping to identify future training needs.

Jane Todd, Barnet Health Promotion Centre manager, said that feedback from pharmacists showed they felt that they were benefiting from the training. Where there had been feedback from the public, this was also very positive, she added.

Dressings update

The Disallowed Dressings and Appliances section, which appears in each issue of the *C&D* Generics Reference Book, has been updated. The April edition of the Generics Reference Book will be mailed with next week's *C&D*.

Price Service

The retail price of Hay-crom in the Price Supplement of March 26 was incorrect: the correct price is £3.99. The corrected entry appears in this week's supplement.

Sun campaign

The "Sun Know How" campaign has been launched by the Health Education Authority. It involves leaflets on sun safety and TV forecasts of UV radiation to warn people of sunburn danger days. The Department of Health is funding two free telephone help lines on the subject, on 0800 556655 and 0800 665544.

PI firm warns over stolen Losec

Parallel importers Primecrown are warning pharmacists to be wary of supplies of Losec offered them in unusual circumstances.

Some 9,000 packs of Losec capsules in packs of ten, with a batch number of BN 24, were recently stolen from a container shipment delivered to the UK.

It has come to Primecrown's attention that the stolen goods are now available as illegal unlicensed product, both as unlabelled packs of Italian PI Losec capsules and with counterfeit Primecrown labels.

Only the one batch is thought to be involved. Any pharmacist offered either UK over-labelled packs or unlabelled Italian product is asked to contact Mr Colin Turrell (tel: 0895 812421), or Det Sgt Hedley at Grays Police Station, Essex (tel: 0375 391212).

Primecrown are one of only two PL(PI) holders for Losec (the other is Spectrum).

First for BP

The British Pharmacopoeia is on CD-ROM for the first time.

One disc contains the complete BP 1993, BP (Veterinary) 1993 and Addendum 1994.

Initial subscription is £1,500 plus VAT, with a 10 per cent discount for subscribers to the printed version. For an annual subscription of £500 plus VAT, the disc will be regularly updated.

Orders should be sent to Marion Maxwell, HMSO Electronic Publishing, St Crispins, Duke Street, Norwich NR3 1PD (tel: 0603 695726).

Gwent turn spotlight on healthy diet

Pharmacists in Gwent are working towards their third protocol for health promotion, this time on the subject of healthy eating.

The Gwent Pharmacy Advisory Group, the driving force behind the initiative, is holding a study day on the subject on April 17 at the Hilton National Hotel in Newport. It is intended that the day's workshop sessions will produce protocols for intervention and guidance in advising patients and clients. Two previous protocols have dealt with skin cancer and smoking cessation.

Pharmacist Ken Rew, who is chairman of Gwent Family Health Services Authority, is writing to all pharmacists in the county, urging their support for the initiative.

Secundum artem and Coca Cola

The new medicines inspector is slowly embossing his stamp on the job after a quiet honeymoon. I find him courteous and, in discharging his duties, he is as fair and as reasonable as his predecessor, if not a touch more assertive. But I feel he may lack an appreciation of pharmacy's rich heritage which might be less evident if he had worked as a community pharmacist.

He pointed out that I was selling a nostrum without proper labelling. Dispensing the nostrum from the dispensary on request would not require full labelling and, in those circumstances, I could label it "The cough medicine".

We have always called it "The cough medicine". It existed in this pharmacy long before I did and it is not labelled with the formula to avoid mimicry. People travel many miles to buy it and I would prefer things to remain so.

The colour of the medicine had a significant part to play

Thirty years ago, nostrums were a feature of every pharmacy and often their contents were kept secret. A pharmacy that had an effective stomach medicine, cough medicine or child-soothing medicine, the latter often containing Tinc Opii, could add the nostrum's goodwill value to the price of the shop when the business changed hands.

The Medicines Act did away with most nostrums. Many were no better than placebos, but often tasted many times worse; the loss of mystique that accompanied an honest declaration of the contents removed the placebo effect.

The colour of the medicine had a significant part to play. The pink aspirin was more effective than its white brother and the pink stomach bottle — made pink with a dash of Tinc Carb Co — was 50 times more effective than Mist Mag Trisil. The Cough Medicine, with a dash of Tinc Morph Chlor, gave a reassuring "kick", vital to its efficacy.

In the late 1880s John Pemberton, a pharmacist from New Jersey, developed a tonic. The secret of this nostrum was sold in 1910 for \$25. The nostrum still exists today and, when sold, is not labelled properly. It is called Coca Cola.

Written by a practising Northern Ireland community pharmacist.



Generic substitution? No way

I was surprised to read that the British Medical Association has changed its previous policy and is now prepared to support generic substitution by community pharmacists (*C&D*, March 26, p500). What is not so clear is the attitude of community pharmacists who would be at the sharp end of such a dramatic change to current dispensing procedures.

I am sure all parties would be fully consulted before any change was implemented, but I would prefer to start the debate right now and with my colours firmly nailed to the mast.

I have lost all faith in the veracity of Government and believe that any move to generic substitution will be totally to the Treasury's advantage with community pharmacy and the pharmaceutical industry the principal losers.

Perhaps the BMA can see the writing on the wall and would prefer to co-operate now rather than be compelled later to prescribe generically, or be restricted to a limited NHS formulary. It is also an astute move because the buck could then be passed to the community pharmacist who

would also then take all the flack.

I shudder to contemplate the problems that would erupt when a prescription for a branded drug is statutorily substituted. "I want Adalat capsules, I have always taken Adalat capsules and the doctor has prescribed them ... See, it says so on the prescription!" No explanation will satisfy this patient and why should I be made to try? The patient quite justifiably expects what is prescribed, but if the doctor wants nifedipine capsules then that is what he should prescribe.

No! Generic substitution is a bad idea. It will further encourage bulk contract buying by multiples of well-known branded drugs, it will irrevocably erode the profit base of the British pharmaceutical industry and it will impose on the community pharmacist an onerous duty for which no carrot of compensation could make amends.

I will not be a party to any more of the Department's dirty work, but if they wish to encourage generic prescribing then it is up to them to "persuade" the medical profession and leave pharmacists to continue to dispense the prescription as written.

Funding staff training

Whenever *Over the Counter* is published it is avidly read by all my girls and I am pushed to the back of the queue! The latest issue, published last week, was no exception, but fully justified because it was an Aladdin's cave of information.

As a bi-monthly update and staff training manual it cannot be bettered, particularly as the girls genuinely enjoy reading it, but Dotty quickly spotted the news feature describing the proposals by the Royal Pharmaceutical Society for the required training of medicine sales assistant by January 1,

1996, as well as tight protocols for the sale of medicines.

I have always believed that my staff should be properly trained and, within the constraints of time and budget, I do my best. But if that training becomes a requirement then I would like some additional support from my illustrious Lambeth peers. Don't get me wrong, I am all in favour of their suggestion and so is Dotty, but presently the margins we earn on the sale of medicines are just not high enough to fund these essential proposals.

Recently I have received thick tomes of training material for each new change of medicine status from POM to P, and I have tried religiously to go through them with all my staff. I can only commend the whole pharmaceutical industry for the quality of this material and assure them that it is not wasted.

But if you add these pressures to the extra time it is now necessary to spend with each inquiring customer then it is questionable how cost-effective it is to "sell" the new P medicines.

Despite this particular reservation it is obvious that, with the increasing availability of potent medicines, great changes are in store for community pharmacy and both I and my staff are ready for that challenge. But we do expect some support in return. The RPSGB have asked for comments by April 30. Well here are Dotty and Co's which are all thoroughly endorsed by myself.

We all support these proposals but they cannot be implemented unless baseline profits of P medicines are raised to fund the time required for proper training and the application of protocols.

The RPSGB must pressurise the pharmaceutical industry to this effect and also actively lobby parliament for extra resources to support staff training.

They must also resist any moves by the European Community to remove the P category of medicine classification which is the only way in which the Society's goals of maintaining and improving the quality of community pharmacy health care can be achieved.

Topical REFLECTIONS

Scriptspecials

Ciloxan is single agent for corneal ulcers



Ciloxan (ciprofloxacin 0.3 per cent) eye drops from Alcon Laboratories are indicated for use in bacterial conjunctivitis and corneal ulcers. The basic NHS price for 5ml is £4.94.

For bacterial conjunctivitis the usual dose is one or two drops in the affected eye(s) four times a day. In severe infections the

dosage for the first two days may be one or two drops every two hours during waking hours.

Ciloxan is the first commercially-available eye drop to be indicated for single-agent treatment of corneal ulcers. However, a more complicated dosage schedule must be followed. For either indication, 21 days is the recommended maximum duration of treatment.

Ciprofloxacin has a broad spectrum of activity. It has a very high *in vitro* activity against almost all gram negative micro-organisms, among them *Pseudomonas aeruginosa*. It is also effective against gram positive bacteria such as *Staphylococci* and *Streptococci*. Anaerobes are less susceptible.

Alcon are focusing on the speed of action of ciprofloxacin compared with ofloxacin and

norfloxacin. Ciloxan is generally well tolerated, but some patients experience local burning, itching and lid margin crusting. **Alcon Laboratories (UK) Ltd. Tel: 0923 246133.**

Losec and Klaricid for *H pylori*

Losec (omeprazole) and Klaricid (clarithromycin) have both been granted licences which allow them to be used in eradicating the bacteria *Helicobacter pylori* associated with duodenal ulcer.

The Losec dosage regimen is 40mg omeprazole daily with 750mg amoxycillin twice daily for two weeks. This combination is said to eradicate more than 50 per cent of *H pylori* isolates.

Astra say this will cost in the region of £40 compared to one year's treatment with a H_2 -antagonist which can cost £160 per year.

Abbott Laboratories' product Klaricid, is said to have better *in vitro* activity against *H pylori* than other antibiotics, and the lowest minimum inhibitory concentration necessary to eliminate 90 per cent of the colonies when compared with amoxycillin, bismuth and metronidazole.

The Losec data sheet advises using Klaricid in those patients known to be allergic to amoxycillin.

It is estimated that 95 per cent of duodenal ulcers are associated with *H pylori* and after eradication of the bacteria the rate of re-infection is only 1-2 per cent per year.

Lactugal on NHS

Galen say the BNF (March 1994) entry for Lactugal, referencing the product as non-NHS prescribable, is incorrect. According to the company, a prescription for Lactugal, written and dispensed by brand name, either from the two-litre pack or the 500ml pack, is reimbursable. **Galen Ltd. Tel: 0762 334974.**

Lamisil reaction

The Lamisil (terbinafine) tablets data sheet has been amended after post-marketing surveillance studies. Isolated cases of skin reactions (Stevens-Johnson syndrome and toxic epidermal necrolysis) have been noted. If progressive skin rash occurs, discontinue treatment. **Sandoz Products. Tel: 0276 692255.**

Ferfolac SV addition

Ferfolac SV tablets now contain 4mg of folic acid to prevent the recurrence of neural tube defects. **Sinclair Pharmaceuticals. Tel: 0483 426644.**

IMPORTANT NOTICE

FOLIC ACID

The Government advises that a supplement of **Folic Acid 400mcg** daily should be taken by all women planning pregnancy.

Folic Acid protects from Neural Tube defects including Spina Bifida if taken before conception.

Folic Acid 400mcg (the advised daily amount) tablets are available in the very easy to take 'Cantassium Microvitamin Range'.

A full 3 month pack for just £3.95 recommended retail price.

Clik packs of 90 **Folic Acid 400mcg** Microvitamin tablets are available from all wholesalers now.

Display material and full product information available from:

Cantassium
The Vitamin Experts

Cantassium Vitamins, 225 Putney Bridge Road, London SW15 2PY.
Telephone: 081 874 1130.



To help and care for those already affected by Neural Tube defects, 10p of the purchase price for every pack of Cantassium Folic Acid sold will be donated to the Association for Spina Bifida and Hydrocephalus.



Medical Matters

GI bleeding and NSAIDs

Use of non-steroidal anti-inflammatory drugs increases the risk of upper gastro-intestinal bleeding (UGIB) almost five-fold, according to a study in *The Lancet*.

A retrospective study in the UK assessed the risk of UGIB with individual NSAIDs. A wide variation was discovered — users of azapropazone and piroxicam had the highest risk. Other NSAIDs with sufficient data for analysis — ibuprofen, naproxen, diclofenac, ketoprofen and indomethacin — had risks similar to overall NSAID use.

The single most important cause of UGIB was a previous history. The authors recommend that NSAIDs should be used cautiously in patients who have other factors which might promote UGIB.

Dyspepsia guidelines

Greater Glasgow Health Board has drawn up guidelines for GPs and pharmacists to improve the treatment of dyspepsia.

Drawn up by GPs, pharmacists and gastro-enterology consultants, the guidelines recommend the use of antacids followed by a one to two month course of generic cimetidine for most patients. When this is not suitable, ranitidine is advised. Patients with proven duodenal ulcers may also be treated with antibiotics. Guidance is given on when to refer patients on.

Dr Howard McNulty, chief administrative pharmaceutical officer, says the guidelines are a consensus on how best to treat dyspepsia. Every year in the GGHB area, almost 400,000 prescriptions are written for anti-ulcer medicines.



Now there's a threadworm treatment for all of them.

40% of children under 10 suffer from threadworms, and many of them pass on the infection to their families. So in addition to our successful single-tablet pack, we've now introduced a new four-tablet pack of Ovex™ to meet the need for a family threadworm treatment.

It'll encourage your customers to treat the whole family at once by making it easier and cheaper for them to do so. And, as our basic 33% POR means you'll earn £1.69 for each family pack you sell, you'll get a lot more out of it too.

In order to increase your sales in the



OVEX™

The single-tablet treatment for threadworms.

expanding threadworm treatment market, we've invested in a heavyweight PR campaign featuring our friendly 'Early Bird' character. We'll also provide you with attractive point-of-sale material including an informative leaflet stressing the need to treat threadworms as a family.

So if you'd like to more than treble your profit on every threadworm treatment sale, call the Janssen hotline on 0800 660 012.

And you'll soon be skipping all the way to the bank.

STERADENT'S SPARKLING SALES STORY. (WHAT A MOUTHFUL.)



Steradent (with the help of some amusing little TV teeth) is really putting some bite into the growing denture care market.

It's already the leading brand in the cleaner market, with a 52% share that's rising. It's even making considerable inroads into the younger partial denture wearer market.

This year we're rolling out nationally the highly successful 'Happy Teeth' TV campaign at a cost of £1million - Steradent's highest spend for years.

And we're introducing three new Steradent products - Fresh, a cleaner

with mouthwash ingredients; Extra Strength, a relaunch of the Deep Clean anti-tartar formula; and new Fixative Cream with a longer-lasting hold and camomile to help soothe sore gums.

So give Steradent extra space. And get your teeth into extra profit.



Counterpoints

Optrex drops for hayfever eyes



the Optrex brand.

Optrex Hayfever Allergy Eye Drops (£3.99 10ml) contain 2 per cent sodium cromoglycate in a base of benzalkonium chloride, disodium edetate and purified water. It gives symptomatic relief within two minutes from itchy, red and weeping eyes associated with hayfever. Dosage is one or two drops, four times daily when symptoms occur.

SCG acts by blocking the release of inflammation-causing substances, such as histamine and the leukotrienes, present in high concentrations in the

mast cells of the eye's conjunctiva.

Crookes estimate that 90 per cent of the UK's hayfever sufferers experience ophthalmic symptoms, with SCG bringing relief in 80 per cent of cases. In addition, Optrex does not cause drowsiness or induce systemic side-effects.

The launch is being supported with advertising. A counter display unit and consumer leaflets will be available in May with training material for pharmacy staff coming out this month. **Crookes Healthcare. Tel: 0602 507431.**

Crookes Healthcare are entering the hayfever market with the introduction of a sodium cromoglycate version of

Clariteyes addition

Schering-Plough are adding 2 per cent sodium cromoglycate eye drops to its Claritin range of hayfever products.

Clariteyes retails at £3.79 for a 10ml bottle. The trade price for an outer of 12 is £28.26.

Support package details were unavailable as C&D went to Press, although display material is available from Schering-Plough representatives. **Schering-Plough. Tel: 0707 363636.**

Eat bread, yet stay slim

Everslim is a new bread from Everfresh, which is high in fibre and protein, low in fat, calories and sodium. The bread has a shelf life of six months and retails at £1.35 (300g loaf). Ingredients include wheatflour, rye sourdough, buckwheat flour, bran fibre and beet fibre.

A leaflet comes with each loaf, explaining the properties of the bread and offering an Easy Diet plan in exchange for three vouchers. **Everfresh. Tel: 0296 25333.**

Extra strength for Aspro Clear

Maximum Strength Aspro Clear is the newest addition to the Roche range.

Containing 500mg soluble aspirin per tablet, it is the highest dosage aspirin tablet to have GSL status, say Roche. Packs of 16 tablets will retail at £1.79.

The launch will be supported by Press advertising in May. As an introductory offer, pharmacists will be able to purchase nine packs for the price of eight. Window display material is available. **Roche Consumer Health. Tel: 0707 366000.**



Calling all bathtime beauties

Numark are searching for the perfect baby in their Bath Time Baby competition. With the first prize of a family holiday at Butlins Holiday World, entrants have to submit a photograph of their baby with a proof of purchase for Numark's baby toiletries or film.

Timed to coincide with

Numark's promotion of their own-label baby toiletries and film, point of sale material is available.

As an added incentive to pharmacists, Numark are offering a night out to staff from the pharmacy that issues the winning entry. The closing date is June 1. **Numark. Tel: 0827 69269.**

Aller-eze Clear targets pollution

Aller-eze Clear is the latest anti-histamine to hit the market with manufacturer Intercare saying it is "the first anti-histamine to address the problem of hayfever aggravated by pollution".

Consumer research conducted for the company revealed that existing hayfever sufferers were aware that there is more to their condition than just pollen, as they suffered symptoms even on low pollen-count days. Pollution aggravates hayfever, increases sensitisation to pollen and appears to potentiate itchy throats.

Intercare believe that the launch will bring a new kind of hayfever sufferer into the pharmacy and estimate that it will grow the market by 17 per cent.

Each Aller-eze Clear tablet contains 60mg of terfenadine which helps



ease palatal and throat itching. It retails at £2.69 for ten (trade £1.65).

A £750,000 television campaign emphasising the pollution angle is scheduled to run from May to June, and is expected to reach 70 per cent of 16-34 year-old sufferers.

Intercare Products. Tel: 0734 772114.

Pepcid AC on screen

Pepcid AC makes its television debut on April 3 in an all-region advertising campaign.

The TV section will be complemented by consumer Press advertising which will also begin this month. **Centra Healthcare. Tel: 0494 450778.**

Healing herbs

Bioforce use echinacea in two new products.

Echinacea Cream (35g £3.65) combines the herb with extract of wild pansy, for use as a moisturiser.

Echinacea Toothpaste (100g £2.85) contains the herb and tormentil, bilberry and rosemary. **Bioforce. 0563 851177.**



The Lanacane range is being extended with the addition of Lanacane Medicated Powder (175g £4.99). Available from pharmacies, it is indicated for the relief of itching and irritation, and contains menthol to soothe and zinc oxide to prevent irritation. It is six times more absorbent than talc, say Combe. The product will be supported by Press and radio advertising. **Combe International. Tel: 081-680 2711**

Mosi-Guard gives natural protection

Mosi-Guard Natural is the latest range of insect repellents to take a bite at the market.

Distributed through pharmacies by Robinson Healthcare on behalf of the Medical Advisory Service for Travellers Abroad (MASTA), Mosi-Guard Natural is a blend of refined eucalyptus oils and can be used safely on all members of the family. It is said to be as effective as DEET-based products.

Research reveals that the fresh fragrance of the products rates highly with consumers, with 84 per cent of respondents saying they would make a purchase.

Mosi-Guard Natural is available as a pump spray (75ml £4.45), roll-on gel (50ml £3.40) and wax stick (50ml £3.40). It is estimated that these will last three, ten and seven days respectively.

Pharmacy starter packs are available consisting of three units of each product, shelf talker and



illustrative product leaflets.

The mid-May launch will be supported with advertising in the women's

Press, London Underground and airline ticket wallets. **Robinson Healthcare. Tel: 0246 220022.**

Shoo! go pump

The Shoo! range is being expanded later this month following the introduction of a pump action spray.

The 100ml spray contains 45 per cent dimethyl phthalate, which is recommended by the World Health Organisation for the prevention of mosquito and other insect bites.

The price and advertising details for the forthcoming year had not been finalised by the time C&D went to Press. **Woodside Laboratories. Tel: 0369 84265.**

Free condoms with Mates

A pack of three Mates Natural condoms is available free when consumers purchase a pack of 12 Mates Natural or Play from pharmacies. The offer continues until the end of April. The free pack will be banded to the 12-packs. **Johnson & Johnson. Tel: 0628 822222.**

Cow & Gate challenge mums to make a meal

Cow & Gate have issued a challenge to all mums in Britain — create a homemade main course baby meal and you could win your child a £5,000 saving scheme. A further two runners-up will win £1,000 each.

The winning recipe will then be developed as a test recipe for the Olvarit range, and could make it onto pharmacy shelves.

The *Homemade Recipe Challenge* will be

supported by an extensive advertising campaign in parenting and women's Press, throughout the Spring and early Summer. After a series of regional heats, the national winner will be announced in the Autumn.

Entrance leaflets will be distributed via independent pharmacies, clinics, parenting Press and through Cow & Gate. **Cow & Gate Nutricia. Tel: 0225 768381.**

Extra Dry freshens up

Arrid Extra Dry gets a fresh new image, with redesigned packaging and improved fragrances.

The new packaging is designed to give a fresher feel to the product.

Arrid Extra Dry Showerfresh and For Men have increased levels of fragrance and the Unscented variant features

a "no sting" benefit.

The Sport variant has a "Cool Sport" flash on the pack and there are now fragrances for Desert Pink and Desert Peach.

The relaunched range will be supported by a £750,000 campaign including advertising and sampling. **Carter Wallace. Tel: 0303 850661.**



Magicool sun relief

The Magicool range offers instant relief from the hot sun for individuals, cars and offices.

The aerosol spray includes the cooling agent dimethylether, demineralised water and a tropical floral scent. A 30-second burst of the spray into a hot, parked car is said to reduce the internal temperature by as much as 40 degrees.

Magicool is available as a Combined Body and Car Cooler (250ml £2.99), Body Cooler and Freshener (scented and unscented), Beach Cooling Spray and Sports Body Cooler (all 150ml £2.79). It is available from the manufacturer, France Med, who are looking to secure a pharmacy distribution deal. **France Med. Tel: 081-645 0773.**

On TV Next Week

| | | |
|---------------------|----------------|------------------------|
| CTV Grampian | C4 Channel 4 | STV Scotland (central) |
| B Border | U Ulster | Y Yorkshire |
| BSkyB British Sky | G Granada | HTV Wales & West |
| Broadcasting | A Anglia | M Meridian |
| C Central | CAR Carlton | TT Tyne Tees |
| CTV Channel Islands | GMTV Breakfast | W Westcountry |
| LWT London Weekend | Television | |

| | |
|----------------------------|----------------------------|
| Arm & Hammer toothpaste: | CAR, BskyB, C4, GMTV |
| Bodyform Invisible: | All areas |
| Colgate Precision: | All areas |
| Gliss Corimist: | C4, GMTV |
| Jordan Magic toothbrushes: | GMTV |
| Listerine: | All areas |
| L'Oreal Perfection: | All areas |
| Nurofen: | All areas |
| Proflex: | C, M, C4, A, HTV |
| Radox herbal bath: | All areas except CTV, GMTV |
| Remegel: | All areas except CTV |
| Steradent: | C4, GTV |
| Vaseline Intensive Care: | All areas |

Press support for Refresh

Allergan's Refresh dry eye treatment is being backed by a £150,000 campaign from this month.

Press advertising will appear in a selection of

newspapers and women's magazines, which is complemented by point of sale material and PR activity. **Allergan Ltd. Tel: 0494 444722.**



A free plastic roll holder will be banded to trio packs of Setlers tablets. The Setlers brand will be supported by a £2 million television campaign in July and August. **Smithkline Beecham. Tel: 081-560 5151**

£350,000 in women's magazines will
turn one of today's greatest problems
into a fantastic
opportunity for you



Independent research has
shown that Kalms is the first choice
traditional herbal remedy to help
sufferers from stress cope. And with
a major colour advertising campaign
you'll be able to cope by stocking
and displaying Kalms.

Keep Calm
Keep Kalms
THE BRAND LEADER



LEADERS IN NATURAL HEALTHCARE

More variants for relaunched Impulse

The Impulse perfume range is being relaunched with the introduction of four new fragrances: Avant Garde, Night Rhythms, Temptation and Flamenco (75ml £1.99).

The range will be backed by a £5.5million promotional spend this year, including £3.3m on a television campaign which introduces Avant Garde next month. There will be "unprecedented consumer public relations", cinema and Press advertising, and a national themed promotion in September.

There will be 1.5 million trial sizes (£0.73) and a new display unit to carry all nine fragrances in the range.

The other fragrances are Dynamique, Free Spirit, Vive, Hint of Musk, Fresco (whose packaging now has pastel colours on a white base).

Out go Jeunesse, Impressions and Captivation while the new Flamenco and Temptation use the colours of the former Nirvana and Chic. The changes are explained in in-store leaflets.

The butterfly logo has been redesigned and the sprays have a new nozzle which Elida Gibbs say is unique to the market.

Category manager Charles D'Oyly believes the relaunch will bring new life to the female bodysprays market, which grew 6 per cent in value in 1993.

He hopes the spend behind Impulse will help the market grow by 9 per cent this year and that the brand's share will increase from 47 per cent to 53 per cent by attracting new users to the market. Elida Gibbs. Tel: 071-486 1200.



Perfection promoted in pharmacies



L'Oreal are raising consumer awareness of their Perfection cosmetics range via a series of in-store make-over and consultation events

throughout the country.

From now until June, events will be hosted in independent pharmacies, department stores and Boots branches. L'Oreal intend to conduct further events of this kind to advise consumers on new products and techniques. Trained consultants will support the events.

The events will be advertised in the *Daily Express*, *Prima* and *Marie Claire* magazines.

In addition, L'Oreal staff will provide training for pharmacy staff. Perfection is backed by a £4 million advertising campaign this year featuring actress Andie McDowell. L'Oreal. Tel: 071-937 5454.

Bronze age

Get the look of the sun with three bronzing products from Rimmel.

Natural Sun Tint (£2.49) is a moisturising cream-gel which gives a sheer, sun-kissed look.

Natural Bronze Glow Loose Powder (£4.99) is a

pearlised formulation to give a healthy glow. Containing vitamin E, it comes in two shades, Golden Glow and Bronze Glow. The powder is also available in pressed format (£3.99). Rimmel Intl. Tel: 0233 625076.

Pond's Performance adds AHA cream

The Pond's Performance range is being extended with the introduction of a new variant — Pond's Performance Age Defying Complex with Alpha Nutrium, an alpha hydroxy acid complex.

Age Defying Complex combines three AHAs — glycolic acid, hydroxy caprylic acid and sodium steryl lactylate — to give an 8 per cent AHA content.

Trials in America, involving nearly 13,000 responses, showed that 86 per cent of those using the product agreed it made them "look and feel younger than ever before".

Age Defying Complex is recommended for night use on all but highly sensitive skins. A 50ml jar will retail around £8.25.

Media support for the Pond's range will total £3.2 million in 1994, with £2.3m spend on TV of which £1.6m will promote Age Defying Complex. Trial sizes and sachets will



also be available.

Pond's were the first to introduce AHAs into this sector with Nutrium Skin Smoothing Treatment in July last year, and they say the new product takes the technology further on.

Unlike conventional moisturisers, are AHAs are said to loosen inter-cellular "cement" that holds cells to the skin's surface. Elida Gibbs. Tel: 071-486 1200.

Tampax Tampets

Tambrands, the maker of Tampax, have introduced Tampets non-applicator tampons in a bid to increase market share.

Tampets feature a tapered tip for easier insertion, an indented base and a smooth outer cover.

They are available in Regular and Super absorbencies in 16s.

The launch will be backed by television and radio advertising worth £2.6 million, plus a £3m door-to-door campaign, visiting 10 million homes. Samples will be offered which contain a 50p off next purchase voucher. Tambrands. Tel: 0705 474141.

Vantage offer sun protection

Vantage have entered the suncare market with their own brand range.

The range comprises: sun lotions SPF4, SPF6, SPF8 and SPF15 (200ml £2.99 each) and an aftersun (200ml £2.49). The products will only be available while stocks last this year, but will be available again at the same time next year.

Vantage have teamed up with Mrs Beeton's *Traditional Housekeeping* to produce a health problem page — "Vantage Pharmacy Health Matters" for three issues. AAH. Tel: 0928 717070.

EVERYDAY EYE IRRITATIONS ARE DRY EYE SYMPTOMS

Effective Relief in Seconds from Dry Eye Symptoms

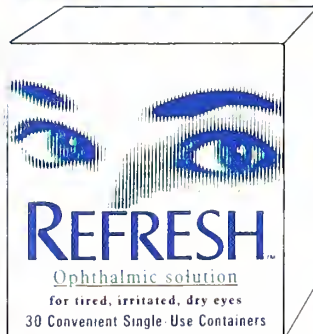
- SORE EYES
- TIRED/ACHING EYES
- GRITTY/BURNING EYES
- OFFICE/VDU EYES
- SMOKY EYES
- DRIVING EYES



World Experts in Eye Care

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PRESS CAMPAIGN
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Allergan Ltd.
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Recommend Refresh™

- RESTORES THE EYE'S PROTECTIVE TEAR FILM
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- PRESERVATIVE FREE
- HYGIENIC, UNIQUE SINGLE USE VIALS - NO NEED FOR EYE BATHS

Refresh™ - Advanced Treatment for Today's Eye Irritations



KEEP THE THREE HAZARDS OF HEARTBURN AT A SAFE DISTANCE

Heartburn can be caused by not one, but *three* hazardous agents **acid, bile and pepsin.**

But with the special action of **Gaviscon** you can steer **4 out of 5** customers clear of the pain.^{1,2,3}

Gaviscon gives **3 in 1** protection by forming a *physical alginate barrier* over stomach contents to keep acid, bile and pepsin *away* from the sensitive oesophagus lining.

But unlike Gaviscon, some heartburn remedies only act on acid –

leaving the oesophagus exposed to irritation and damage from refluxing bile or pepsin.

Protect your customers from the three hazards of heartburn. Recommend **Gaviscon.**



GAVISCON

3 in 1 protection against heartburn

Product Information. Active Ingredients: Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 267mg, calcium carbonate Ph. Eur. 160mg per 10ml. Gaviscon 250 Tablets: Alginic acid BP 500mg, sodium bicarbonate Ph. Eur. 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet. **Indications:** Liquid Gaviscon: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Liquid Gaviscon: Adults and children over 12: 10–20ml, children 6–12: 5–10ml liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 250 Tablets: Adults and children over 12: 2 tablets to be chewed thoroughly, is required. Children under 12: Not recommended. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 250 Tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail prices:** 100ml £1.60, 200ml £2.86, 24 tablets £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0140 Peppermint Flavour Liquid, 44/0103 Gaviscon 250 Tablets, 44/0143 Lemon Flavour Tablets. **Legal Category:** GSL. **Product Licence Holder:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. GAVISCON is a registered trademark. **Date of preparation:** 07/12/93. **References:** 1. Chevrel B (1980) *J. Int. Med. Res.* 8: 300. 2. Ward A.E. (1989) *Br. J. Clin. Pract.* 43: (2) Suppl. 66: 52. 3. Williams D.L. et al. (1979) *J. Int. Med. Res.* 7: 551.

RECKITT COLMAN

TAGAMET* 100

cimetidine

NOW THE WORLD'S FIRST H₂-ANTAGONIST GOES OTC,

SmithKline Beecham Consumer Healthcare is delighted to announce that cimetidine, the active ingredient in Tagamet, has been granted a Pharmacy licence.

Tagamet was the first H₂-receptor antagonist and is one of the world's most widely prescribed medicines. Tagamet 100 will be indicated for the short-term symptomatic relief of heartburn, dyspepsia and hyperacidity, as well as for the prophylactic management of nocturnal heartburn. Your local SmithKline Beecham Consumer Healthcare representative will be calling soon with further details. This will enable you to gain maximum benefit from one of the most important POM to P switches the healthcare profession has ever seen.

A 4-part Pharmacy Reference and Training Manual and point-of-sale material has been produced by SmithKline Beecham Consumer Healthcare to ensure that you and your assistants are well equipped to handle this important therapeutic breakthrough in the pharmacy.

Make sure that you don't miss Parts 1 and 2 of this detailed training programme which will be arriving in your pharmacy soon.



Product Information: **Presentation:** White elliptical film coated Til[®] tablet containing 100 mg cimetidine. **Dosage and administration:** Adults (incl. the elderly), 16 years and over: Relief of heartburn, dyspepsia, hyperacidity: Two tablets with water when symptoms appear. If symptoms persist for more than 1 hour after first dose, a second dose may be taken, but no more than 4 tablets in any 4 hours and no more than 8 tablets in any 24 hours. Prophylactic management of nocturnal heartburn: One tablet with water one hour before bed time. In all cases, not to be taken for more than two weeks. If symptoms persist for more than two weeks or recur frequently, a doctor should be consulted. Not to be given to children under 16 years of age. **Use:** Short term symptomatic relief of heartburn, dyspepsia, hyperacidity. Prophylactic management of nocturnal heartburn. **Contra-indications:** Hypersensitivity to cimetidine or any of the excipients. **Precautions:** Not recommended in patients: with impaired renal function, hepatic impairment; taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine; middle aged or older patients with new/changing dyspeptic symptoms; any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with a history of peptic ulcer.

ECLIPSING ALL OTHER PRODUCTS FOR HEARTBURN, EXCESS ACIDITY AND DYSPEPSIA



SAIDS, esp. elderly; with compromised bone marrow; in pregnancy and lactation; with any other illness, using any medication, under medical supervision for other
ins. **Adverse reactions:** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible.
y thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus brady-
a, tachycardia and heart block, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very
reports of reversible impotence but no causal relationship has been established at usual prescribed therapeutic doses.
uct licence number: 0002/0230. **Retail Price:** Tablet (12's) £2.29, (24's) £3.99. **Legal category:** P. **Date of preparation:** 9
h 1994. 'Tagamet' and 'Tiltab' are trademarks. SmithKline Beecham Consumer Healthcare, SB House, Brentford, Middlesex
9BD. Telephone number: 081-560 5151.

SB SmithKline Beecham
Consumer Healthcare

*Tagamet is a registered trademark of
Smith Kline & French Laboratories Limited

SB expand in nutritional drinks

Two new Ribena lines and a large 500ml PET "thirst slammer" size for Lucozade Sport have been introduced by Smithkline Beecham's new Nutritional Healthcare division (see **Business News**), along with the details of the Summer promotional programme.

Ribena Spring combines traditional Ribena with sparkling spring water in a drink which provides 100 per cent of the recommended daily amount of vitamin C, 50 per cent of vitamin B12 and 17 per cent of niacin in each 250ml serving.

The new line is targeted at young adults aged 20-30. Anne Wardle, senior product manager, estimates the product will be worth £12 million at retail in its first year.

A new £2m television campaign featuring the Ribenaberries will support the launch during the Summer months. All launch stock will feature a "try this bottle free" promotion on a bottle neck collar. By sending the label to a Freepost address, customers will get their money back within 28 days.

Ribena Spring comes in glass bottles with a shrink sleeve label, in 12s or 24s.

A raspberry flavour is being added to the range of Ribena RTDs. Again the target is adult drinkers as well as younger consumers.

Lucozade Sport will be the focus of activity in the Lucozade range in the early Summer. However, the range gets its own advertising theme — "110 per cent" — featuring Linford Christie and other athletes in a national television and cinema campaign breaking this month. There is at least one commercial for each part of the brand — Lucozade Gold, Barley and Sport.

For five weeks during April, Lucozade 330ml cans will be banded together in a "buy one, get one free" consumer offer. The cans will be available to the trade at half price in cases of 12.

From the middle of April, over 5 million homes will receive a door drop offering information on the range, a 15p off next purchase coupon, as well as highlighting the 10 per cent extra available on



the 1 and 1.5 litre bottles. There is also a competition to win a Peugeot 306 car.

This month also sees the launch of a 500ml PET size of Lucozade Sport targeted at the serious sportsman. An offer price of 69p will run for four weeks after launch.

A new case size of 12 for the 330ml Sport pack is also being introduced.

Lucozade Sport will also continue to feature at soccer grounds all over the country. **Smithkline Beecham Nutritional Healthcare. Tel: 081-560 5151.**

Regina is relaunched with new products

Regina royal jelly products are being relaunched with new packaging, improved formulations and new one-day supplements.

The Fresh Royal Jelly capsules have been reformulated using acacia honey and wheatgerm oil.

New packaging across the range is purple and gold.

The one-day range comprises:

- Concentrated fish oil

capsules (30 £3.65), with omega 3 fatty acids

- Evening primrose oil capsules (30 £3.99), with 500mg EPO

- Garlic extract capsules (30 £2.75)

- Anti-oxidant vitamins capsules (30 £5.49), containing beta carotene, vitamins C, E and zinc

- Korean ginseng capsules (30 £4.75).

Jenks Group; distributors. Tel: 0494 442446.



Andrews on screen

Andrews Antacid returns to the TV screen this week with a £2.2 million advertising campaign.

The two new adverts are a step on from the "Suck 'em and see" commercial, and focus on the product's effectiveness at neutralising stomach acid.

A range of point of sale material is available. There will be a window display competition, with the first prize a trip on Concorde.

Trial size packs (29p for six tablets) come in both Andrews Antacid variants. **Sterling Health. Tel: 0483 65599.**

Sanatogen's new star

Starflower Oil (£5.99 for 50) is the latest product to join the Sanatogen portfolio.

Containing 500mg starflower oil per capsule, the product contains 23 per cent GLA. The recommended dosage is one capsule a day.

To support the launch, Roche are offering pharmacists a free travel bag when they order ten cases of Sanatogen products, including at least one of Starflower Oil. **Roche Consumer Health. Tel: 0707 366000.**



Making eyes

Rimmel Silks' Cream to Powder Shadow (£3.45) gives a soft focus finish to eyes, according to the company. Containing panthenol and provitamin B5, it comes in four neutral shades: Camel, Storm, Sahara and Sand.

Cream to Powder pencil (£2.95) combines an eye lining pencil with a smudger for definition. It comes in black, mocha, charcoal and blue.

Rimmel are offering a personal organiser if customers spend over £8 on the products. **Rimmel Intl. Tel: 0233 625076.**

Pump up the volume!

Cutex are expanding their Perfect Eyes range with Instant Volume Conditioning Mascara.

Said to thicken lashes by 70 per cent with just one application, Instant Volume is fibre-free so it can be used by contact lens wearers. The formulation contains vitamin E and protein to condition and protect lashes.

Available in black, black/brown and dark blue, it retails at £3.99. **Rimmel Intl. Tel: 0233 625076.**

Ahava in C&D

Ahava Dead Sea products, manufactured and distributed by Zena Cosmetics, are available for order directly from the company. Details are published in the *C&D* price list. **Zena Cosmetics. Tel: 071-584 8746.**

Ulay in glass

Oil of Ulay Essential Care creams have been repackaged in glass jars. The outer packs remain unchanged. **Procter & Gamble. Tel: 091-279 2000.**

Proline

Proline Supports have introduced colourful new packaging for their range of neoprene joint and muscle supports. **Proline Supports. Tel: 0222 491400.**

Taste of Italy

A full-size shower gel is the free gift with purchases of 50ml Roma or Venezia eau de toilette this Spring. The promotion runs from the end of April for eight weeks. **Procter & Gamble. Tel: 0202 524141.**

Lens care down

Unichem have reduced the price of their own-label

contact lens care trial packs by 15 per cent to £63.28 for a pack of ten. **Unichem. Tel: 081-391 2323.**

Freshen up

Clorets are being promoted with a four-month sampling campaign through restaurants, airlines, service stations and staff canteens. **Warner-Lambert. Tel: 0703 620500.**

Twiggy appeal

Twiggy is the new "face" of Red Kooga Ginseng, featuring in a £250,000 Press campaign which breaks this week. **English Grains. Tel: 0283 221616.**

Just Desserts

Get your Just Desserts for £0.99 in a special offer from Richards & Appleby. Trial sizes (50ml) of their Just Desserts toiletries range are available in a special counter unit. **Richards & Appleby. Tel: 0695 20111.**

Nytol on TV

The £1 million television campaign for Nytol breaks on April 8. This will be complemented by point of sale material and information leaflets. **Stafford-Miller Ltd. Tel: 0707 331001.**

VIE
FRO

athletics



The No.1 treatment for heartburn is going from strength to strength¹

When your customers have **severe or frequent symptoms of heartburn**, give them new **Extra Strength Gaviscon 500** tablets.

The new **Gaviscon 500** OTC dedicated tablets are **lemon flavoured**, a taste that will attract new customers to the brand according to consumer tests, and generate extra revenue for you.

Remember that Gaviscon relieves the pain of heartburn in 4 out of 5 customers.^{2,3,4}

So if they've got **severe symptoms of heartburn**, give them new **Extra Strength Gaviscon 500** lemon tablets.



GAVISCON

Keeps acid where it works, not where it hurts

Gaviscon Essential Information

Product Information. Active Ingredients: Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 267mg, calcium carbonate Ph. Eur. 160mg per 10ml dose. Gaviscon 500 Tablets: Alginic acid BP 500mg, sodium bicarbonate Ph. Eur. 170mg, dried aluminum hydroxide gel BP 100mg, magnesium trisilicate Ph. Eur. 25mg per tablet. Gaviscon 250 Tablets: Alginic acid BP 250mg, sodium bicarbonate Ph. Eur. 85mg, aluminum hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet. **Indications:** Liquid Gaviscon & Gaviscon 500 Tablets: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Liquid Gaviscon. Adults and children over 12 10-20ml, children 6-12 5-10ml liquid after meals and at bedtime. Children under 6 Not recommended. Gaviscon 500 Tablets Adults, children over 12 1 or 2 tablets after meals and at bedtime. Children under 12 not recommended. Gaviscon 250 Tablets Adults and children over 12 2 tablets as required. Children

under 12 Not recommended. Chew tablets thoroughly before swallowing. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 500 Tablet contains 2.1 mmol sodium. One Gaviscon 250 Tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail Prices:** Liquid Gaviscon 100ml £1.60, 200ml £2.86, Gaviscon 500 Tablets 12 £2.45, Gaviscon 250 Tablets 24 £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0140 Liquid Gaviscon Peppermint Flavour, 44/0141 Gaviscon 500 Tablets, 44/0103 Gaviscon 250 Tablets, 44/0143 Gaviscon 250 Lemon Flavour Tablets. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **Holder of Product Licences:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **DATE OF PREPARATION:** 25/1/94. **References:** 1. Taylor Nelson Counterpoint MAT to June 1993. 2. Chevrel B (1980) *J Int Med Res* 8: 300. 3. Ward A E (1989) *Br J Clin Pract* 43: (2) Suppl 66 52. 4. Williams D L, et al (1979) *J Int Med Res* 7: 551.

RECKITT & COLMAN
PRODUCTS

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PHONE OR FAX
Tel: 0485 533393
Fax: 0485 533244
For more information

TWICE each year Swains, the leading photographic and video wholesaler, holds, the country's only trade show for photo stockists. If you retail anything in this line from simple cameras and films through to a full range of equipment, or even if you're considering starting selling these lines, then this is a day you simply should not miss.

This spring the show will be held at the Peterborough Moat House, just a few minutes from the A1 and under an hour's train journey from London's Kings Cross. The date is Sunday 17 April and the opening hours are from 10.30AM until 6.00PM, light refreshments will be available throughout the day and there will be a bar open during normal licensing hours.

The show gives pharmacists and those working for them the opportunity to see and handle all of the latest photo and video equipment and materials and discuss ways in which this sector of their business can improve both their turnover and profitability. All of the major suppliers have stands at the show and there are many opportunities to find out exactly what is available and what is in demand, as well as what is going to be in demand. Of course there will also be the chance to look over and discuss the wide range of equipment which Swains distribute exclusively.

On the day there are countless special offers and promotions available but, stress Swains, these are only available on the day to those actually attending the show. There is also the chance to win a colour television, the opportunity to have a free weekend for two in New York and much more.

With items such as single use cameras, anti red-eye and panoramic compact cameras

having recently reached the market there will be plenty to see and plenty of food for thought at the show.

There will also be a fully

working minilab, ideas to help you win those vital impulse purchases and the widest selection of quality Russian optical equipment west of the Volga.

For full information and an invitation please contact Swains International plc, Eastland House, Westgate, Hunstanton, Norfolk.



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Spring Show
17th April 1994

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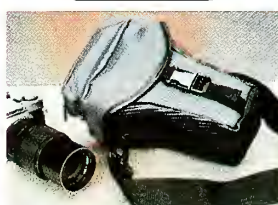
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SUNDAY 17th APRIL 1994
10.30am till 6.00pm
PETERBOROUGH MOAT HO
THORPE WOOD PETERBORO

ALL PRICES SHOWN ARE EFFECTIVE WHEN THE RELEVANT QUANTITIES ARE PURCHASED

Pharmacy update

Make best use of patient referral

Noel Baumber describes his personal experience of using patient referral notes **i**

Play the game!

Steven Kayne advises pharmacists on OTC treatments for sports injuries **iv**

Caring for stoma patients

Specialist Patricia Black offers some practical advice **vii**

OVER £1M
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SUPPORT

THE BEST NEWS for EARS IN YEARS

Otex® Ear Drops contain a unique, DUAL-ACTION formula that not only softens hardened ear wax, but also gently releases oxygen to help it fragment and disperse.

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Active Ingredient 5.0% w/w Urea hydrogen peroxide. **Directions:** Tilt head, and gently squeeze 5 drops into ear. Leave for a few minutes and then wipe surplus with tissue. Repeat once or twice daily for approximately 3-4 days or until symptoms clear. **Indications:** For the removal of hardened ear wax. **Precautions:** Do not use if sensitive to ingredients, if ear drum is damaged or if any other preparation is being used in the ear. Keep away from eyes. If irritation or pain occurs, or if symptoms persist, stop treatment and consult your doctor. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY** **Legal Category:** P **Packs:** Bottles of 8 ml (PL 0173/0151), price £2.95

Patient referral: a new meaning for PRN

Noel Baumber, a community pharmacist and secretary of Lincolnshire LPC, describes his personal experience of patient/pharmacy referral notes

Job satisfaction is one of the most difficult things to place on the management agenda in periods of economic gloom. Without it, you can expect to become stressed, depressed or even physically ill. Management gurus realise its importance for the well-being of the individual, but have tended to look for gains in productivity to justify looking at the subject as something with economic benefits for the business.

It now seems that it is not satisfaction that produces good performance, but good performance that produces satisfaction. Perhaps we should have realised that from the way we judge whether one way of doing something is better than another.

An improvement is often measured only in terms of the satisfaction we feel from having made a change. When that satisfaction is measured by the patient we see (rather than through a limited personal view) our esteem is visibly raised in the community, feedback improves and pharmacy achieves recognition for the value of its services.

Continued on pii

Continued from pi

First steps

One of the changes I made years ago that has produced much positive feedback was to start taking blood pressure readings using a sphygmomanometer and stethoscope whenever I suspected heart and circulatory problems.

This gave me the opportunity to get to know people better, while at the same time sounding out their lifestyle. I discovered significant increases of blood pressure in teenage lager louts, and various undetected bradycardias and arrhythmias in mid-life adults. Sometimes blood pressures mounted over 160/90mmHg and in such cases I wanted to refer them to their doctor.

A fine line

Treading the fine line between unnerving the patient (with the consequences of not seeking medical attention) and reinforcing the patient's will to visit the doctor was always haphazard before I started to set things down on paper.

The simple act of making visible for patients the facts of the matter, coupled with suggesting the next step each patient should take, made a big difference to their motivation and their will to manage any illness.

This also worked in other areas of referral. I was once telephoned out of the blue by an irate GP for "telling" him to prescribe Vibramycin for a woman with sinusitis. The problem was that I had spent too long trying to convince a reluctant patient that something could be done for her symptoms and that she should see her doctor. She had picked the name of the medicine out of our general conversation and gone off to get it from the GP.

Had I used a referral note to identify the symptoms for the doctor and to show what OTC products had failed to relieve her condition, I would have done him a service and not been misrepresented in the process.

PRN design

The first attempt at designing a patient referral note (PRN) was intended to reinforce the patient's visit to the surgery. Because of its looks and function I described it as a "reverse prescription".

The paper was thin enough to allow a carbon copy to be made on the next form in the pad if a record needed to be kept. I have recently revised the design to allow investigation of its usefulness in an audit project.

The top copy is thin NCR paper and copies onto a card which has a simple response sheet on the back for either the doctor or the patient to fill in if they are so inclined. When GPs become more familiar with such notes they can help to improve feedback on the outcome of referrals and begin to shape better relationships with both the patient and the pharmacist.

PRN content

The referral note covers at least three areas of communication between the pharmacy and the surgery:

- Signs and symptoms which need drawing to the attention of the GP
- Suspected adverse reactions to medication the patient is receiving
- Corrections that need to be made on either the prescription or computer file.

The appropriate box on the form can be ticked quickly and an observation made in the "window", with related or confirmatory information tagged on next to the prompts below the window. The earlier version of the PRN had a results section for tests that might have been carried out in the pharmacy, for example:

- cholesterol
- triglycerides
- blood pressure
- urinalysis.

This has now been minimised to make space for more general information although results can still be recorded here.

Dietary advice

Body Mass Index* also appeared in the original results section, as it was sometimes felt to be useful in advising people with dietary problems. Patients were given the PRN to keep as a reference to an achievable target weight, but I have never used the information in referral.

More recently, I have made some progress in this area by leaving a colourful laminated BMI chart on the counter where patients sign their prescriptions. They can become casually acquainted with the health promotion messages it contains.

Pharmacy referral

I now tend to call the PRN a "Pharmacy Referral Note" rather than a "Patient Referral Note" since it will end up being scrutinised in a surgery. I try not to diagnose for the doctor on a referral note, nor suggest particular products which proscribe clinical choice and unduly influence the patient. I also try to stick to the facts and remember that the patient will read my comments in order to sue me for any indiscretions!

Professional role

Several FHSAs are contemplating introducing PRNs for pharmacists, but you can design your own, perhaps to strengthen and clarify your advice for a patient or to restructure your consultation procedure. My PRN is based on personalising the contact with the GP, even to the extent of using an envelope to strengthen the impression that the patient has become the bearer of a letter. This can only help to professionalise the image that patients and doctors have of pharmacy, and it helps us to think more clearly about our own role and the way in which we treat those who seek our advice.

*Body Mass Index = weight (kg)/height² (m²)

PHARMACY

PLEASE TAKE THIS TO YOUR DOCTOR

REFERRAL NOTE

Patient's name:

Address:

DEAR DR:

- | | |
|----------|--|
| A | These signs/symptoms have been reported/observed which may need drawing to your attention. |
| B | This patient has reported an adverse reaction which might be attributable to |
| C | This patient's prescription and/or file requires amendment for the following reason: |

Observations

Further information

- ☐ Result of relevant test
- ☐ Duration of symptoms
- ☐ Patient has been taking / using
- ☐ I have counter prescribed / advised

Pharmacist's signature and date stamp:

Note to GP and patient : Audit feedback on reverse

CLINICAL AUDIT FEEDBACK

FOR COMPLETION BY DOCTOR OR PATIENT FOLLOWING THE CONSULTATION

Your reply is very much appreciated as it can help to improve our standard of communication and patient care for the future.

- Were the observations recorded overleaf considered

| | |
|-----------------|--------------------------|
| Significant | <input type="checkbox"/> |
| Not significant | <input type="checkbox"/> |
- If significant, what action was taken

| | |
|---------------------------------------|--------------------------|
| Advice only | <input type="checkbox"/> |
| Start/change medication | <input type="checkbox"/> |
| Examination and /or investigation | <input type="checkbox"/> |
| Referral | <input type="checkbox"/> |
| Yellow card sent (ADR) | <input type="checkbox"/> |
| Other (please state if you have time) | <input type="checkbox"/> |
- In this case was the **PHARMACY REFERRAL NOTE**

| | |
|-------------|--------------------------|
| Helpful | <input type="checkbox"/> |
| Not helpful | <input type="checkbox"/> |
- Other comments

Doctor seen:

Date of consultation:

Noel Baumber's PRN consists of a top flimsy (top) which copies onto a card below. The back of the card (below) requests GP or patient feedback

see you at HELFEX '94 stand no. 140



a
LAUNCH
with a **healthy**
DIFFERENCE

Play the game!

Steven Kayne, a community pharmacist from Glasgow, describes the common sports injuries seen in the pharmacy and the OTC treatments available to treat these conditions



In a small study conducted in 1989¹ in North East Scotland, 41 per cent of a sample of pharmacies reported being consulted on sports medicine between one and five times a week, the balance being less than once a week.

In a survey of 147 rugby players, soccer players and ice skaters conducted recently², also in Scotland, only 40 per cent said they had obtained advice at some time from a pharmacy, and of these respondents 89 per cent were satisfied with their treatment.

Almost half the remaining 60 per cent of athletes who had not consulted a pharmacist said it was because "the thought had never occurred to them".

There would seem, therefore, to be a good opportunity for pharmacists to become more involved in sports care. This is especially true at the moment with a number of useful drugs coming off prescription.

There are a number of advantages for sportspersons in seeing a pharmacist, including accessibility, expert advice without charge and immediate availability of product. Unlike their elite colleagues, recreational athletes do not have ready access to specialist treatment and may depend on the casualty department of their local hospital, their GPs or a sports injury clinic.

It is unlikely that you will see serious injuries, but you can certainly provide over-the-counter treatment and advice for minor conditions and be alert to the possibility of complications. This involvement is often termed "sports care", as opposed to the more

comprehensive coverage provided by "sports medicine".

Sports medicine

Sports medicine may be defined as "the medical and paramedical supervision of athletes, and the treatment of their injuries and illnesses, whether sustained in training or competition, to facilitate a return to the competitive environment". The discipline is not only about treatment — it is also about prophylaxis.

There are four aspects of sports medicine:

- **Preparation of the athlete** This involves initial assessments (especially for young athletes), training and fitness schedules, and monitoring performance.

- Too much exercise too soon in a training programme can lead to disaster. Poor quality equipment, eg training shoes, can also lead to injury. If in doubt on the last point, the customer should be directed to a podiatrist or chiropodist for a full assessment.

- Nutrition is another vital aspect of preparation. There are no magic foods for enhancing performance, but poor nutrition can prevent athletes from achieving their potential. A number of vitamin preparations claim to bestow special qualities. Sportspersons are often subject to fads or misconceptions on which pharmacists can advise.

- **Prevention of injury** Exercise in cold, dry air can cause bronchospasm with breathlessness, and even coughing and wheezing in susceptible individuals. In such circumstances the wearing of a mask might help, or adopting

the correct warm-up procedures. Exercises immediately prior and post-exertion might be advised to prevent strain injuries.

- **Diagnosis and treatment of injury or illness**

It has been estimated that between 5-10 per cent of all attendance at hospital casualty departments in the UK is the result of sports injury. Such injuries fall into three groups:

- acute traumatic injuries
- overuse injuries
- environmental injuries.

Pharmacists are unlikely to become involved with the first group. Overuse injuries involve training errors, poor techniques and actions stemming from pushing oneself to the limit by prolonged excessive activity.

Amateur golfers who play

and practise several hours a day put tremendous twisting strain on the middle of the shin bone, the tibia. The risk of injury is higher if the player is overweight, and in these circumstances it should be pointed out that increased activity should be linked to a corresponding weight loss.

Environmental injuries include thermal injuries due to prolonged exercise in extremes of temperature, and altitude sickness. Runners suffering from hypothermia and dehydration, or climbers with frostbite should be kept warm and dry.

The dangers of returning to sport before complete recovery has been achieved should be made clear to all customers.

Common injuries

When being consulted about sports injuries, the following WWHAM questions can be asked:

- W ho is the patient?
- W hat are the major symptoms and how did the injury occur?
- H ow long since it happened?
- A ny action already taken?
- M edication being taken?

This systematic investigation ensures that all the necessary information is obtained quickly and efficiently, and an appropriate course of action can be chosen.

- **Muscle, tendon and ligament (soft tissue) injuries.** A muscle comprises a sheath of tissue enclosing bundles of individual fibres, while a tendon is a cord connecting muscle to bone and transmitting the force of a muscle contraction.

A *pulled muscle* involves the tearing of muscle fibres, and commonly affects hamstrings at

Getting started

You can take the following steps to expand your involvement in sports care:

- Obtain a supply of the small cards made available by the Sports Councils detailing the OTC medicines that can be taken without infringing IOC regulations and give them out to athletes. The Sports Councils also produce a number of excellent booklets.
- Contact local sports clubs and ensure that they are aware of your interest in sports care.
- Group appropriate items from your existing stock into a new and easily identified sports section.
- Keep a list of suitable first aid items handy for your staff.

the rear of the thigh. A *dead leg* results from the tearing of many muscle fibres in the area to the front of the thigh following a direct blow. If the muscle is badly torn, medical assistance may be necessary.

There are *strains*, with pain but without impaired movement; and *sprains*, a more serious condition involving pain and damaged ligaments. A frequent injury involves rupture or inflammation of the Achilles tendon, and may require surgery or immobilisation, with 6-12 months' lay-off.

Ligaments are inelastic fibrous bands that add stability to joints and are often injured in the knee or ankle. A twisting motion may cause a strained or torn ligament. The number of ligament fibres torn determines the injury's severity.

In the period following unaccustomed strenuous exercise, there is a gradual development of soreness, accompanied by a perception of stiffness in the muscles which reaches a peak 24-28 hours later. This is often referred to as Delayed Onset Muscle Soreness, and muscles feel tight or stiff. The popular conception that this is due to a build-up of lactic acid is not the whole answer. The condition may be reduced by careful exercise, the muscles being stressed gradually.

● **General advice and OTC treatment of soft tissue injuries**
The athlete's road to recovery will follow two stages: acute and subacute.

Unless the injury is serious, requiring the attention of a physician, for muscle, tendon and ligament injuries, you may recommend the Rest, Ice, Compression and Elevation treatment (RICE), the purpose of which is to reduce swelling. In the subacute phase, some 48 hours after injury, gentle movement is possible associated with pain control.

Rest and support the injured part in the most comfortable position.

Ice applied to the injured part only until numbness is reached, or the skin becomes pink (10-20 minutes). It may be reapplied hourly for 36-48 hours while the skin surrounding the injury feels warm to touch.

Patients should be advised to wrap ice or the pack in a damp cloth to prevent burning the skin, or use a proprietary ice pack. OTC "freeze sprays" are also available. The action minimises secondary damage and slows cellular metabolism. Compression: ideally a firm elastic bandage should be applied during and after icing to help the swelling subside.

For minor injuries, a crepe bandage will probably perform its function. Keep bandaged while there is still swelling and take care not to cut circulation. The fit of the bandage needs to be checked every 2-3 hours in the early stages to allow for changes in tissue contours. Elevation of the injured part above the level of the heart helps fluid drain away from the injury, especially important during the first 24 hours for severe injuries and while

Drug abuse: banned classes and methods

- **Stimulants** eg amphetamine, cocaine, ephedrine
- **Narcotic analgesics** eg codeine, methadone, morphine, pethidine
- **Anabolic steroids** eg clostebol, stanozol, testosterone
- **Beta-blockers** eg propranolol, acebutol, atenolol
- **Diuretics** eg acetazolamide, amiloride, triamterine
- **Blood doping**
- **Corticosteroids** (except for approved treatments)
- **Alcohol** (not prohibited but may be restricted)

Treatment guidelines

● Cough

Allowed — steam and menthol inhalations, Benylin expectorant, all antibiotics

Banned — products containing the ephedrine, eg Contac 400, Do-Do, Benylin Decongestant

● Hay fever

Allowed — Antihistamines, Triludan, Piriton, Histril, Beconase, Otrivine, Opticrom eye drops

Banned — Sudafed, Sinutab, Mucron

● Wheeze

Allowed — Terbutaline, Salbutamol

Banned — As for cough and hay fever

● Sore throat

Allowed — Soluble paracetamol gargle

● Vomiting

Allowed — Dioralyte, Maxolon, Stemetil, Motilium

● Diarrhoea

Allowed — Dioralyte, Rehidrat, Lomotil, Imodium

Banned — products containing codeine or morphine

This list is produced in a card form by The Scottish Sports Council. The Council warns it cannot be responsible for omissions or changes to these lists. If athletes are in doubt they should check as ultimately they are responsible

applying ice. Heat should not be applied until much later.

In addition to this technique, it may well be necessary to recommend further OTC treatment to reduce pain and inflammation. Oral and topical analgesics may be needed.

● Joint Injuries

Knee damage is the most common type of injury found among the sporting fraternity. The knee is the body's largest joint, and also the most unstable. The forces it has to support make it vulnerable to injury. It is likely that pharmacists will be approached for advice on "weak" knees and asked to for support bandages — of which there are many.

● Ankle injuries

A sprained ankle usually affects ligaments on the outside of the ankle joint, but can also affect the inside of the ankle. Dislocation is a common injury, where part of the joint capsule and its ligaments are torn, leading to the displacement of the joint's moving parts. Such an injury requires urgent medical attention.

● Foot problems

Repeated training can lead to inflammation and stress fractures in various parts of the foot, especially for long-distance runners, or those with heavy training schedules. Poor techniques, such as striking the heel too hard and running flat-footed are causative factors; being overweight also increases loading.

Squash players may sustain "turf toe" syndrome, when the player's shoe grips the surface during a sudden stop. The foot slides forward causing an upward bending of the big toe, stretching and tearing the ligaments and joint capsule.

Corns, callouses and bunions due to ill-fitting boots, or repeated pressure on the feet,

such as in ice-skating, can be treated with a wide range of products, but require regular and persistent treatment.

● Abrasions, blisters and cuts

Any wound or abrasion may become infected by a number of different bacteria (*Staphylococcus*, *Streptococcus*, *Pseudomonas*) often present in pools of stagnant water on rugby or soccer pitches. Cuts and abrasions should be cleaned using running water and an antiseptic, and covered with a suitable dressing.

Bruising is associated with bleeding into the tissues. The topical application of hyaluronidase may promote the disposal of tissue exudates, and arnica ointment or cream may also be of help in the reduction of bruising.

Blisters caused by footwear or equipment friction (racquets or clubs) are a nuisance, especially at the start of the season when equipment is new and the skin soft. The blister may be punctured carefully, if a sterile needle is available (leaving the flaps of skin), or left intact. A non-adhesive sterile dressing should then be applied, with padding if necessary.

OTC treatments

You can perform an important task in advising amateur sports teams on hygiene when the harassed coach rushes in for first aid supplies on a Saturday just before the game.

Lapses in good hygiene are frequently tolerated in sport, but sharing drinking bottles, used towels and dirty bath water would never be tolerated in the home.

Encouragement should be given to soak the "magic" sponge in disinfectant, cover bleeding cuts efficiently and discard used swabs safely.

● Fungal infections

The most commonly occurring fungal infections include athletes' foot (*Tinea pedis*) and ringworm of the groin, or "jock itch" (*Tinea cruris*).

For patients with a dry rash, a broad spectrum antifungal cream will help while, if the skin is moist and painful, a powder might be better to absorb moisture. The warm moist atmosphere in communal shower rooms facilitates the spread of the condition. Usual questions should be asked: how long, had before, etc and if patient is diabetic, then refer.

● Verrucae

Plantar warts (verrucae) are caused by a virus that finds it easier to penetrate moist skin. They are most commonly found on soles of the feet, caught from others by walking barefoot across the floors of the changing room, and may be distinguished from corns by the application of lateral pressure, which elicits pain in the case of verrucae, but not in the case of corns. Treatment involves gradual destruction of skin in lesion, while protecting healthy surrounding area.

● Sore throats, coughs, colds and influenza

You need to be especially careful when counter prescribing in this area so that International Olympic Committee-banned products are not recommended to active sportsmen, especially as dope testing is now being carried out during training sessions.

Sources of help

The following organisations are sources of useful information:

- The Sports Council, 16 Upper Woburn Place, London WC1H 0QP (tel: 071-388 1277)
- Scottish Sports Council, Caledonia House, South Gyle, Edinburgh EH12 9DQ (tel: 031-317 7200)
- Sports Council of Wales, National Sports Centre, Sophia Gardens, Cardiff CF1 9SW (tel: 0222 397571)
- Sports Council for Northern Ireland, House of Sport, Upper Malone Road, Belfast BT9 5LA (tel: 0232 381222)

Useful booklets from the Sports Council:

- *Dangerous Exercises and Sport*
- *Infections and Sport*
- *Injuries and Sport*
- *Drugs, Doping and Sport*

Products containing ephedrine, phenylephrine, pseudoephedrine and codeine must be avoided.

● Anxiety and stress

Anxiety and excitement can affect performance in competitive sport, and you will undoubtedly be asked to recommend suitable medicines. Homeopathic remedies might offer a solution.

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Caring for stoma patients

Pharmacists are facing increasing competition from appliance suppliers in the dispensing of stoma products. To meet the needs of stoma patients, pharmacists must be aware of the origins of the condition, the importance of correct fitting and the range of appliances available. In the first of two articles, Patricia Black, a stoma care specialist, gives some pointers to the incidence of the condition and patient care

The word "stoma" is derived from the Greek, meaning mouth or chasm and used in the medical context, it indicates an artificial opening. The general term "stoma" is often used when discussing a patient's colostomy, ileostomy or urostomy.

The surgical formation of a stoma is undertaken when the gut is divided and one or both ends are brought on to the abdominal wall. As the large and small gut perform differently, their stomas will have different characteristics, as will their output.

Incidence

There are about 100,000 people with stomas in the UK at any one time. Each year about 2,000 new ileostomies are formed, with inflammatory bowel disease being the most common reason. This group of patients tends to be younger — from puberty to 45 years.

About 15,000 colostomies are formed each year, of which 8,000 are permanent colostomies and 6,000 are temporary. Within this group the most common cause is colorectal cancer occurring mostly in the elderly patient. Few cases of colorectal cancer occur under the age of 40.

Colorectal cancer is the second most common cause of cancer death in westernised countries, accounting for 19,000 deaths each year and 85,000 in the European Union.

Distribution of colorectal cancer is 2 per cent in the anus, 38 per cent in the rectum, 7 per cent in the recto sigmoid junction and 21 per cent in the sigmoid colon, with the remainder in the transverse colon and ascending colon.

There also appears to be a social class and occupational distinction in colon cancer with the highest rates occurring in social classes I and II and the lowest in classes IV and V. There is no clear social class trend for rectal cancer although higher rates in brewery workers, who drink larger quantities of beer than general, have been found.

The number of people having urostomies/urinary diversions is estimated at 1,500 per year and at any one time there are estimated to be 8,000 urostomies in the UK. The common reason is for bladder cancer and the age group tends to be 55 years onwards. As an occupation-related disease, workers from tyre and rubber factories and garage mechanics have been noted to have a higher incidence of bladder cancer together with smokers.



Stomas through the ages

The first mention of an output stoma is seen in the Bible in the Book of Judges, 3: 21-22 when Ehud stabs Eglon, the King of Moab, and the "dirt" ran out. Later Hippocrates (450-367 BC) described penetrating wounds of the abdomen, but considered that they were fatal. Celsus (44 BC-7 AD) stated that if the small bowel had been penetrated, nothing could be done, but the large bowel could be sutured.

It was not until the 17th and 18th centuries that further recordable events started to take place in bowel surgery. William Cheselden (1699-1752), an adept and able surgeon in the pre-anaesthetic era, was the first to fashion a recognised colostomy. His patient went on to survive for many years.

Many surgeons working on battlefields had to deal with abdominal wounds and realised that, if the bowel was pulled through the wound, faeces would pass out of the abdomen and this would prevent peritonitis.

Few reports were published in the 19th century on colostomy construction, but during 1824 Richard Martland described the use of a bag to

collect faeces for one of his patients, probably the first colostomy bag produced.

During the 20th century great strides were made in the construction of colostomies, ileostomies and urostomies. The notable landmarks were Hartmann and his procedure for an end colostomy, Brooke and his construction of the ileostomy in 1952, and Bricker with his procedure for urostomy, which is taken as the "gold standard".

Continually innovative procedures are undertaken by surgeons in an effort to side-step the stoma. Most notably for the patient with ulcerative colitis, and the possibility of having an ileostomy formed, is the option of an ileal-anal pouch or Parks pouch. This was described by Alan Park in 1978 and is now undertaken by many centres in the UK. In 1980 Paul Mitrofanoff, a French paediatrician described a procedure to "undivert" a urostomy or to form an internal urinary pouch and this can be an option for a few who need a urostomy, but not for those with cancer of the bladder.

Patient care

Being able to cope with a stoma and returning to

everyday life and work relies on many things. Care of the patient ideally should begin pre-operatively with counselling of the patient and his or her relatives as research has shown that this aids recovery and rehabilitation.

This counselling is often carried out by a specialist nurse within the hospital, the stoma care nurse. She will be involved with the patient from diagnosis at the clinic, then pre-operatively, post-operatively and often following through into the community.

An important element of the pre-operative care is siting of the stoma. The optimum site is selected following discussions between the patient and the stoma care nurse, taking into account the patients' clothing style, leisure pursuits and body shape and size. The nurse also takes into account the patient's mental, physical and social abilities, factors which may affect the outcome of surgery, recovery and rehabilitation.

The goal of pre-operative counselling is to help the patient to accept his condition and surgery, and to estimate his determination and motivation to return to normal after the operation.

Post-operatively the stoma care nurse will liaise with the ward staff to care for the patient. She will also decide on the correct appliance for the type of stoma and for the particular patient.

It is becoming common practice within hospitals to apply a clear stoma bag which has a starter hole that can be cut to the correct size of the stoma and allows for alteration in size as well. A clear bag also allows the stoma to be observed without having to remove the appliance each time.

Follow-up care

On discharge from hospital, good follow-up care is needed. It is important that the patient's family doctor understands the illness and the final outcome. A community nurse may be required, but the best support will come from the stoma care nurse.

She will know the patient from hospital and be able to co-ordinate and follow through his care. Home visits will vary, but it is useful if the first home visit is about 48 hours after discharge so that it can be established whether the patient has obtained his appliances and if they are experiencing any

Continued on pvi11

problems.

Although the stoma care nurse does not have full prescribing rights for FP10, she does recommend to the GP what should be written on the prescription.

Few, if any, GPs will have any idea of what to prescribe from the vast selection of appliances available in the Drug Tariff part IX section C. The stoma care

nurse will write down for the GP the name, make, size and order number of the appropriate appliance and the GP will issue a FP 10 for the patient, who will then take it to a pharmacist for dispensing.

Back to normal

The majority of stoma patients can carry on with a normal working life, play sports and go away on holidays. Even foreign holidays should not be a

Overcoming problems and changes

Body image is the mental picture everyone carries with them on how he or she thinks they look to others. If a patient's life is violently disrupted, as in the case of stoma surgery, it may be difficult to continue a normal social life. Depression and mental illness can ensue.

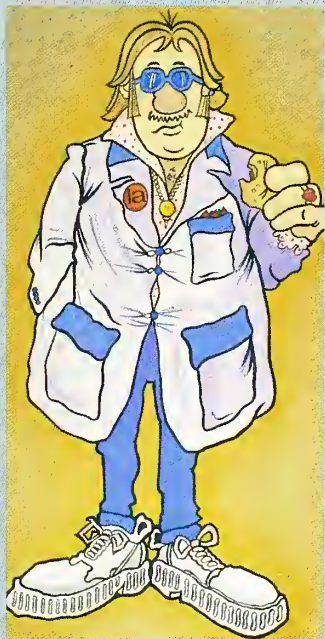
Other changes relate to the inability of control over phenomena, such as wind and continence. The overall significance of these problems will depend on the patient's ability to adapt and their response to stress. An understanding of the concept of stigma and an awareness of the nurse's own feelings will help when the nurse is discussing problems and rehabilitation with the patient.

Sometimes doctors and nurses fail to discuss with patients the full consequences of their operations and outcomes, particularly with regard to sexual function after stoma surgery. Some relationships may be unstable before stoma surgery and it is all too easy to blame the subsequent breakdown of

a relationship on surgery. However, with good pre-operative counselling the nurse should have noticed some indication of this.

Nerve damage after cystectomy can result in sexual difficulties including impotence in men. After major surgery with suturing of the perineum resulting in either a colostomy or ileostomy there can be problems with erection and ejaculation. These problems should rectify themselves over a period of up to three months unless permanent damage has been caused by wide excision in the rectal area. The possibility of a prosthesis for men should be discussed and the patient should know that a referral can be made at a

suitable time after surgery. Sexual dysfunction in women has been little documented. The main problems are change in body image and dyspareunia following rectal excision for colitis and cancer. Scouring and reduction of the size of the vagina can take place after extensive surgery.



Fashion's no problem



Eat what you like — within reason

Maintaining a healthy diet

Eating habits do not usually present too much of a problem after stoma surgery. However, many years ago, patients were told to avoid all sorts of food and it is difficult to convince these patients that they can eat a wider range of items.

High natural fibre intake is encouraged in all types of stomas and this includes brown bread, shredded wheat, porridge, root vegetables, meat and fish. A holistic approach should be taken and the avoidance of too much fatty food and saturated fats should be discussed. With ileostomies and urostomies a daily adequate fluid intake should be encouraged.

problem providing patients take enough appliances with them for their stay and carry them in their hand luggage.

Small inconspicuous bags are available for patients who swimming and play sport, but patients who wish to return to more strenuous activities or contact sports are advised to protect the stoma with a rigid plastic stoma protector.

Support groups

In areas where there are no stoma care nurses or people with experience of living with a stoma, patients or pharmacists can contact the appropriate voluntary organisation for help and advice. These are:

- British Colostomy Association
- Ileostomy Association
- Urostomy Association.

They all have people who have had the appropriate stoma, so have first-hand knowledge of living with a stoma and are able to answer queries over the phone.

The Colostomy Association has "visitors" and endeavour to match a "visitor" with a patient in age and sex. The Ileostomy Association has meetings countrywide several times a

year and patients may attend these. The Urostomy Association will talk with patients on the phone and, if necessary, will try to find a suitable "visitor", but it is not such a large organisation as the other two.

• British Colostomy Association

15 Station Road,
Reading, Berks RG1 1LB
Tel: 0734 391537

• Ileostomy Association

Amblehurst House
Black Scotch Lane
Mansfield, Notts. NG18 4PF
Tel: 0623 28099

• Urostomy Association

Buckland
Beaumont Park
Dadbury, Essex. CM3 4DE
Tel: 0245 224294

• National Advisory Service for the Parents of Children with Stoma (NASPCS)

51 Anderston Drive
Darvel, Ayrshire. KA17 0DE
Tel: 0560 22024

Further Reading

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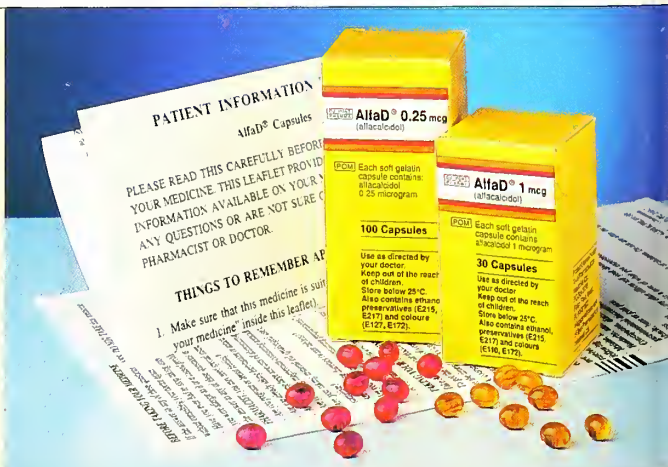
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Solar exposure

Hot weather at home and plenty of holidays abroad are the recipe for a profitable sunpreps season. While no one would dare promise us a good UK Summer, the British travel industry is looking forward to a bumper year, with Summer bookings up 15 per cent on 1993.

The number of foreign leisure trips taken last year was 28 million (Henley Centre for Forecasting), which is predicted to rise to 35 million by the year 2000. So, in theory, sales of sunpreps should go up and up.

Yet despite the advice of dermatologists to cover up in the sun, and the column inches dedicated to the perils of sunbathing in the Press, 20 per cent of people still don't use sunpreps and most don't know their UVA from their UVB. More education is needed to persuade the abstainers to protect themselves and make the average consumer more informed.

The sunpreps market was worth £115 million last year, up 5.5 per cent in value on 1992 (Nielsen), and 10 per cent in volume. The large volume growth has chiefly been attributed to the price discounting carried out by retailers such as Superdrug and Boots.

Price war

Things hotted up last April, with Superdrug cutting their prices by 25 per cent, quickly followed by Boots dropping theirs by a third.

At Nivea, brand manager Julia Thornton believes the amount consumers spent on sunpreps was the same, but that they took advantage of the price cuts to either trade-up

The sunpreps market hotted up last year with retailers slashing prices to improve sales. While the same level of discounting is not expected this year, manufacturers are taking their own steps to ensure consumers get value for money. As holiday bookings are up considerably on 1993, the outlook is promising. Sarah Purcell sheds light on what's in store for '94



brands, buy bigger packs, higher SPF's or more product.

Although the retailers are keeping their plans secret, Windsor Healthcare don't believe we'll see discounting to the same effect this year. "It was a short-term market share exercise by Superdrug, who sourced stocks mainly from the grey market. Sunpreps is not a discount market and price cutting destroys all the health messages we try to promote,"

says Lesley Buckeridge, Windsor's brands development manager.

But the price slashing seen last year has had an effect. Not to be outdone by the retailers, manufacturers are offering incentives of their own. Zyma have cut their prices by 10 per cent across the Piz Buin range. Garnier are offering a free aftersun with every two purchases of Ambre Solaire. Hawaiian Tropic are holding

their prices at 1993 levels.

As a result of their discounting, Superdrug overtook grocers (8 per cent) last year, with a 9 per cent share of sales, while Boots still lead with 44 per cent and independents take 15 per cent.

The sunpreps market is being driven by technological innovation, with formulations becoming lighter and less obvious. In the past 12 months, we've seen the emergence of sweat-resistant formulations, a growing popularity for oil-free products and an increasing number of sunpreps for sensitive skins and children.

Lotions are seeing the biggest expansion, up 32 per cent last year and taking 60 per cent share, while creams have 30 per cent and oils are gradually disappearing with just 5 per cent.

The trade-up to higher factor products continues, with sales of SPF15 plus products increasing share from 18.3 per cent in 1992 to 26 per cent last year (Nielsen). At Garnier, they report higher factor products for Ambre Solaire are growing at a rate of 40 per cent, while for Windsor's Uvistat, SPF30 is the best-selling product. However, some 37 per cent of consumers still use SPF4-6.

Despite the rising popularity of higher SPF products, manufacturers we spoke to did not believe we'll see SPF's 40, 50 and more, as exist in the US.

Piz Buin's brand manager James Ball says: "Since SPF20 cuts out 98 per cent of UV rays, any higher than SPF30 is really a marketing gimmick. Why put in more filters than are necessary to give maximum protection?" He believes there is a need for an upper limit, since consumers may be frightened into using high SPF's. And one of the drawbacks of higher filters is the increased risk of sensitivity due to the high level of chemicals. In Australia, manufacturers can only claim SPF15 plus, and in America the FDA are looking at setting a

Continued on p558



Uvistat Facials now widely available

Frequency of ensuring children under 15 (other than young babies) take various precautions on the beach in the mid-day sun

| | Never | Occasionally | Fairly often | Most of time | Always |
|----------------------------|-------|--------------|--------------|--------------|--------|
| Wear sunglasses | 35% | 31% | 13% | 12% | 8% |
| Wear a broad brimmed hat | 30% | 15% | 14% | 16% | 23% |
| Wear a T-shirt | 2% | 12% | 22% | 31% | 32% |
| Wear a long sleeved shirt | 40% | 32% | 14% | 6% | 6% |
| Put on sunscreen or lotion | 9% | 7% | 8% | 19% | 55% |
| Stay out of mid-day sun | 18% | 26% | 17% | 19% | 18% |

Source: Boots



Continued from p557

limit of SPF30.

Since Coco Chanel returned to Paris with a tan in 1923, we've seen the progression to deep mahogany in the 70s and a gradual fading over the past ten years. But as the 30-somethings in Britain were brought up to equate holidays with sunburn, tanning and peeling, things won't really change until their children grow up. Mr Ball at Piz Buin agrees: "In the future, as kids grow up having been covered

in sunscreens their behaviour will change."

Product manager for Sun E45 Ann Crockett believes: "People are spending less time out in the sun and using higher SPFs. But they still want a tan, albeit a paler one now."

Garnier monitor consumer attitudes to sunbathing closely and have noticed improved awareness of sun damage. The number of people agreeing that protection from UV rays is important went up from 75-86 per cent between 1991 and 1993, while those worried about burning increased from 45-60 per cent. In spite of this, the number saying "being tanned makes me feel healthy" rose from 42-46 per cent.

Windsor Healthcare are repositioning their Uvistat brand for 1994 to give it a more fun image. Windsor's Lesley Buckeridge says: "Uvistat is currently seen as a sensible, protection brand. We want it to appear more friendly, so we're using the slogan 'high factor tanning' in our '94 campaign."

Research carried out for Nivea Sun reinforces the move

to higher SPFs. Some 41 per cent of women and 34 per cent of men claimed they purchased a higher factor sunprep in 1993 than in previous years.

Boots research for their Soltan range indicates that three-quarters of adults say their awareness of the importance of sun protection has increased over the past few years.

The heady scent of bodies frying in coconut oil on the beach is much less common now. Consumers have not only turned away from oils for safety reasons, they will no longer put up with the sticky mess they make. It seems the trend has moved to the opposite extreme, with formulations that promise to be easily absorbed, non-greasy or even oil-free proving popular.

Piz Buin only have one oil product now and see the future in terms of lotions. Sales of their oil-free SPF4 and SPF8 products have been so good that they've discontinued the regular SPF4 and SPF8 lotions. Mr Ball feels that vitamin-enriched formulations

and micronised pigments, which reflect rather than absorb the UV rays, will continue to grow.

At Windsor, they are launching Uvistat Long Lasting, which gives five hours' protection — even in water (C&D Feb 26). However, it's exclusive to Boots this year, but should be available next season.

At Garnier, general manager Jacques Challes says: "The way forward in formulation will be more convenient application methods and better protection." Garnier's sweat-resistant, oil-free UV Sport range, introduced last year, has proved popular, particularly with men.

And, in the generally static



Piz Buin gets a new aftersun

| SPF usages | 0 - 3 | 4 - 6 | 7 - 10 | 11 - 14 | 15+ |
|------------------|-------|-------|--------|---------|-------|
| To Jul/Aug 1991 | 15.5% | 45.1% | 20.6% | 6.0% | 12.8% |
| To Sept/Oct 1992 | 12.9% | 40.6% | 22.9% | 4.7% | 18.8% |
| To July/Aug 1993 | 9.7% | 36.5% | 22.7% | 3.1% | 30.0% |

Source: Nielsen



Hawaiian Tropic sports a new look

aftersun sector, we've seen innovation in the form of a mosquito repellent included in formulations from Nivea, Gurkha, Maws and Piz Buin. It's widely conceded that consumers still have trouble with the differences between JVA and UVB, despite the star rating system. Ann Crockett at Sun E45 says: "People may notice the stars on the pack, and think the more stars the better. But a lot more education is needed before they really understand what they mean."

Whether they understand or not, manufacturers have responded to the Boots' scheme. The company reports that 52 per cent of products sold in their stores now offer four-star protection, compared to 20 per cent in 1992.



Special deals available on Bergasol

Hot tips for '94

Ambre Solaire has been extended with the addition of Express Bronzer (£6.49), which combines self-tanning ingredients with SPF6 protection. It will give a light tan. Further additions include Instant Relief Aftersun (£5.99) in a spray format and new sizes of Multi Protective Milk SPF8 (300ml £9.99) and SPF20 (125ml £5.99).

The range is being supported by the offer of a free aftersun with every two Ambre Solaire purchases. A £1.2 million television and Press campaign is planned.

For UV Sport there is a new floor stand and the offer of a free T-shirt and hat with every purchase.

Piz Buin has five new products for the '94 season. These are SPF15 Sensitive lotion; SPF10/6 Combi pack; SPF10 lotion; SPF4 lotion in a 400ml pack; and Aftersun Anti-Mosquito lotion. Prices across the range have been cut by 10 per cent.

For consumers, Piz Buin is offering a free Fuji disposable camera with every purchase from the range. New stockists are offered a no-risk incentive, whereby Zyma will credit unsold stock at the end of the season.

Nivea Sun gets a range of six products for sensitive skins, three for adults and three for children. Suitable for sensitivity and sun-induced allergy, they are free from preservatives, emulsifiers, oil or colour. For adults, there are lotions SPF8 and SPF16, plus an aftersun. For children, there are lotions SPF10 and SPF18, and cream SPF14.

Nivea Sun will be supported by a £1.5 million package, including television and Press advertising.

Uvistat has been given a new lease of life with redesigned packaging. The facial creams launched to Boots last year are now available to independents. The Uvistat Babysun has been extended with SPF30 Ultrablock. A teddy bear is given away with every Babysun purchase.

Independents are provided with 15g samples of Babysun SPF22 to give to customers on purchase of any other chosen baby care line.

Support for the Uvistat adult range includes a free aftersun with every purchase. The brand will be

supported with a Press campaign and PoS material.

Sun E45 now includes a Sunscreen Stick SPF15, suitable for areas such as lips, nose and ears. It is offered free with any purchase from the range. Sun E45 will be supported by an £800,000 Press campaign from May-August.

Neutrogena have branched out into the sunpreps market with a range of four products. All are hypo-allergenic and contain only physical sunscreens. The range includes lotions SPF8, SPF14 and SPF25, and an aftersun.

Roc have reformulated their sun protection range and added higher factor products. Called Sécurité Soleil, the new formulation combines ginkgo extract and vitamin E to neutralise free radicals. New to the range is Tinted Total Sunblock SPF25 and Colourless Total Sunblock SPF25. Both are available on prescription.

Jedmon Products have extended their Skin Care Plus range with the addition of an aftersun moisturiser.

The **Body Naturelle** range of organically-based products, on test last year, is now available nationwide. Ranging from SPF2-SPF25, retail prices are between £2.99 and £7.49.

Chefaro are offering pharmacists a special trade parcel of **Bergasol** for '94 containing a selection of ten products from the range. The brand will be promoted through a radio campaign.

Hawaiian Tropic new products for 1994 include lotions SPF10 and SPF15 and increased protection for the Baby Faces and Tender Places products to SPF25. The Sports Lotion has a new look. Prices are held at last year's levels.

Gurkha is a new range of sunpreps combining protection with an insect repellent. Based on natural extracts, the products contain a Deet-free repellent. There is sun lotion SPF8 and SPF20, and aftersun. A counter display, holding 15 units, is available from maker Pioneer Biosciences.

Riemann have relaunched their P20 protection range with an improved formulation containing better UVA protection. The range will be backed by Press advertising in May.

The sunprep buyer

At Nivea they split sunpreps consumers into four categories:

- **Confused Sunlovers**, who like the sun, but don't usually protect themselves. They are ill-informed about sun damage and unconcerned about its effects
- **Confused Avoiders** have read all the articles about sun damage and tend to over-react. They either avoid the sun completely or use

high protection products all the time

- **Informed Concerned** know about the harmful effects of the sun, but keep things in perspective, having fun in the sun using high protection products
- **Confident Sunlovers** tend to holiday abroad and love getting a tan. Usually have darker skin types which don't burn.

For sensitive souls

With 15-20 per cent of people suffering sun-induced sensitivity or allergy, products for sensitive skin have appeared in most ranges. And the trend looks set to continue.

James Ball at Piz Buin believes sunpreps will mirror the skincare and cosmetics' market, where many products are allergy screened for sensitive skins. The company has added an SPF15 Sensitive lotion to its range this year, which is free from preservatives.

Ann Crockett at Sun E45 also feels there's plenty of room for growth in this area. She

believes that independent pharmacies are the ideal environment for these products, since consumers with skin problems already frequent their stores.

Protection for sensitive skin is the focus of activity for Nivea Sun this year, with a range of six products for adults and children. All are free from preservatives, colour, emulsifiers and oil.

Neutrogena have also launched a range of sunpreps for sensitive skin, free from chemical sunscreens or fragrance.

The safest way to tan

Fake tans no longer mean streaky orange legs and blotchy, uneven patches. Improved formulations make them easier to apply and the results more convincing.

The artificial tanning market is worth around £5 million, and grew by about 1 per cent last year.

But, despite the warnings on the dangers of sunbathing, artificial tanning products are not generally used as a safer substitute for a suntan. Product manager for Piz Buin James Ball says: "The majority of people use a fake tan to prepare for a suntan before a holiday, or to prolong their tan once they come home instead of as an alternative to a tan."

However, Piz Buin's Jet Bronzer sells throughout the year and is their number three-selling product.

Research carried out for Garnier indicates that 67 per cent of consumers use fake tans just on their legs, indicating that it's used to give initial colour early in the season, instead of as an all-over suntan substitute.

New to the Ambre Solaire range this year is Express Bronzer, which combines SPF6 protection with self-tanning ingredients. It will give a light tan in four hours.

The Coty Sunshimmer range is expanded with the addition of a Self-Action Tanning spray (125ml £6.49). Available in light or medium variants, it will give a tan in two to four hours. The Sunshimmer range will be supported by a Press campaign.

Hawaiian Tropic have improved the fragrance of their self-tanning lotions, launched last year.

Leichner are promoting their Bronzelle range with the offer of a free lipstick with every

purchase. A display counter is available holding the Bronzelle range and the lipsticks.



Spray on a tan with Sunshimmer



Free lipstick offer on Bronzelle

Children in danger

When it comes to protecting children from the sun, you can never start too soon. By minimising the risk of sunburn before the age of 15, the chance of developing cancer in later life can be greatly reduced



Nivea add Sensitive range for children

There is no such thing as a healthy tan for a child. We now know that there are clear links between bad sunburn as a child and the development of malignant melanoma in later life. By the age of 20, we have accumulated half our lifetime's sun exposure, although the effects are not usually apparent



until much later.

A child's skin is much thinner and more delicate than that of an adult, making it more permeable to UV rays. It also produces less melanin than adult skin, so does not develop the protection of a slight tan.

Boots are continuing their "Play Safe in the Sun" campaign for 1994, in conjunction with Cancer Research, following consumer surveys that revealed parents are still not taking adequate protection measures for their children. Research showed that although three-quarters of parents applied sunscreens to their children most of the time, only a minority kept them out of the mid-day sun. Some 39 per cent of parents admitted their children had been sunburnt at least once.

Windsor Healthcare, who lead the children's market with their Uvistat Babysun, say that 62 per cent of parents use a special sunscreen for their children, but the SPF chosen is often too low. Last Summer, 76 per cent of parents chose SPF12 or higher for babies under 24 months, but only 66 per cent for toddlers aged 2-5, dropping

to about 30 per cent once the child was over six years old. Some 34 per cent of parents used SPF8 or lower on children aged 9-12.

Consultant to Windsor Dr Oswald Morton says: "Babies and toddlers need a total block provided by SPF20 or above and babies under six months should never be exposed to direct sunlight." Windsor have added Babysun Ultrablock SPF30 to their Uvistat range this year.

Nivea Sun reinforces its positioning as a family brand with a range of products for children with sensitive skin. There is SPF14 cream and SPF10 and SPF18 lotion. The Nivea KISS (Kids in the sun shine) campaign enters its third year and will continue to raise awareness among parents on the need to protect children this Summer.

Product manager for Sun E45 Ann Crockett believes we should look to Australia for inspiration when it comes to protecting children. "Over there, the children aren't allowed in the playground without hats on and sunscreens are put on every day." A series



Express Bronzer for a quick tan



Neutrogena enters the market with Suncare range

of Sun E45 roadshows will take place to help raise awareness.

Maws won an award for their children's suncare products this year from *Mother & Baby* magazine. They have rationalised their range for '94 to four products and prices are held from last year. Products available are sun block SPF25, sun lotion SPF15 and SPF8, and aftersun with insect repellent.

Hawaiian Tropic have increased the protection of their Baby Faces and Tender Places to SPF25 and improved the formulation to make it easier to rub in.

Practical advice:

- Keep babies under six months out of the sun
- Use a minimum of SPF15 for children under 15, higher if in a very hot climate
- Remember to reapply regularly, especially if they're in and out of the water
- Keep kids out of the sun between 12 and 2pm in the UK, 11am and 3pm in hotter countries if possible. Otherwise cover them up with shirt, hat and sunglasses
- Keep toddlers and young children covered with long, loose clothes
- If sunburn does occur, apply calamine lotion or aftersun to cool the skin. If the child feels nauseous, dizzy or unwell, consult a doctor immediately.



Uvistat gets a more positive image



Gurkha keeps off mosquitos



Pre 20 gets a new look and better UVA protection

Sunbed alert

The first case of skin cancer due to sunbed use has been revealed at Newcastle's Royal Infirmary.

The patient, a middle-aged woman who has only once taken a holiday abroad, had used a sunbed regularly. A tumour has been removed from her breast and a precancerous growth found on her buttocks — parts of her body which had

never been exposed to natural sunlight.

The dermatologist who discovered the case, Dr Peter Farr, believes more such cases will emerge. Those most at risk are people with fair, sensitive skin who use sunbeds throughout the year.

The DoH is looking into revising guidelines on the use of sunbeds following the case.

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Instead of chemical sunscreens, Sun E45 contains a mineral, Microfine Titanium Dioxide, which reflects rather than absorbs the sun's harmful rays and so reduces the risk of irritation. That's why Sun E45 is ideal for particularly vulnerable skins, including those of babies and children.

It comes in three factors,

SPF8, 15 and 25, which all carry the maximum 4-star UVA/UVB rating and provide reliable broad-spectrum protection.

Also, Sun E45 is used sparingly, so even a little goes a long way. And because it's water-resistant and long-lasting, Sun E45 is good value.

So recommend Sun E45 – it overshadows everything else.



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For more information on the E45 range, please contact: Crookes Healthcare Limited, P.O. Box 57, Nottingham NG7 2LJ. SPF15 and 25 are available on prescription.

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Sunbathing takes its toll

The majority of skin cancers are curable, but early detection is essential for effective treatment. Dr Charles Darley, consultant dermatologist at Brighton Hospital, explains the different types of skin cancer and examines their links with sun exposure

Picture: The Image Bank



Some 40,000 new cases of skin cancer are diagnosed in the UK each year. The good news is that 95 per cent of the two most common types, basal cell and squamous cell carcinoma, are curable.

However, the incidence of the much more serious malignant melanoma is now at about 4,000 cases per year and is doubling every ten years. It is the fastest growing cancer in Scotland, and some 1,300 individuals with melanomas died in 1993.

It is now known that excessive sun exposure is the single most important factor in the development of skin cancer. Fair-skinned people who burn easily are more at risk than dark-skinned races.

In the past 40 years, there has been a major change in fashion and behaviour which has contributed to the problems with over-exposure: we wear fewer clothes, have more leisure time and are much more likely to holiday abroad.

The immediate effect of excessive sun exposure is burning. Children, whose skin is much thinner, are particularly at risk. The effects of the sun are cumulative and, over the years, they cause premature ageing of the skin — commonly freckles, wrinkling and areas of irregular pigmentation.

Small red scaly areas may develop on exposed parts such as the face and hands. These

are called solar keratoses. They are not skin cancers, but indicate severe chronic sun damage and can be treated by freezing with liquid nitrogen.

Malignant melanoma is now the most rapidly increasing cancer in Britain and much of the publicity relating to sun and the skin is aimed at heightening public awareness about the malignant mole.

Melanoma is more common in fair-skinned people who burn easily and in countries like Australia where a white population lives in a hot climate.

Burning of the skin in childhood is believed to predispose the development of melanoma later in life. Evidence suggests it may be linked to intermittent sun exposure and acute burning episodes — the typical fortnight holiday spent lying on a hot beach. The other major risk factor is the presence of large numbers of moles (greater than 100).

Melanoma is rare before puberty. After that, it occurs at all ages, but it is now the third commonest cancer in women aged 15-34 and the seventh among men. At all ages, it is 50 per cent commoner in women.

Although malignant melanoma accounts for just 1

per cent of new skin cancer cases, mortality rates have grown. Between 1974 and 1988 the number of new malignant melanoma cases rose from 21-61 per million for men and 42-92 per million for women. During this period, the number of deaths almost doubled.

BCC and SCC

Basal cell and squamous cell carcinomas (90 per cent of which are BCCs — rodent ulcers) are much more common and are usually seen in older patients who have had a considerable amount of sun exposure during their lifetime.

These cancers usually appear on exposed areas such as the face or backs of the hands. They are lumps or small ulcers which tend to bleed easily if rubbed.

SCC can spread from the skin to involve local lymph nodes, but it is exceptional for the much commoner BCC to be anything but a local problem. However, if left untreated a BCC can become larger and disfiguring and if structures such as the eyelid are involved, increasingly difficult to treat.

The vast majority of BCCs and SCCs can be treated by simple surgical excision under a local anaesthetic. Occasionally, for larger lesions, when a graft or flap is needed, plastic surgery may be necessary. A good alternative for many of these growths is radiotherapy, and for small superficial ones freezing is also used. Laser therapy for BCCs is being investigated, but is not yet standard treatment.

Watch out for moles

To ensure a greater chance of cure, early detection of melanoma is essential. Regular examination of moles should be encouraged. The three most important signs to look for in a mole are:

- Increase in size, particularly in a mole 1cm or more in diameter
- Change from being round or oval to being irregular in outline
- Becoming irregular in colour, particularly black in parts.

The mole is not usually painful in the early stages of melanoma, but may later itch or bleed. A malignant melanoma can develop on any part of the body, but is most commonly found on the leg in women and the back in men.

The mortality of melanoma is directly related to the thickness of the growth at the time of removal. If measuring less than 1.5mm deep prognosis should be good. In 60-70 per cent of cases simple surgical excision will be curative. If left undetected, melanoma spreads from the skin to lymph nodes and then can become more widespread. Further surgery seldom contains the disease and chemotherapy is not effective.

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Take a closer look

Sunglasses are often an impulse purchase and choice will always be influenced by fashion. But, despite warnings of the long-term damage sunlight can do to eyes, consumers are still not scrutinising the protection qualities of their sunglasses as closely as their design. Sarah Purcell reports

Sunglasses are rather like bikinis — they don't get worn very often, but you want a new pair every year. So believes Graham Webster, chief executive of Kitty Little, new owners of sunglasses brand Samco by Mazzucchelli and Foster Grant. What he means is that the market is driven largely by fashion, despite warnings about the damage UV light can do to eyes. Mr Webster estimates that women buy a new pair of sunglasses every year on average, while men buy every two years.

But consumers still do not equate wearing shades with protecting their eyes. And they're even less likely to encourage their children to wear sunglasses in strong sunlight than they are to put them on themselves.

Boots are widening their "Play Safe in the Sun" campaign this year to include more emphasis on eye protection. This follows research which showed, given a list of five priorities when choosing sunglasses, eye protection ranked third after design and comfort. Only 28 per cent of adults said they always wore sunglasses around the dangerous mid-day period. And just 8 per cent of parents always ensure their children's eyes are protected.

The sunglasses market was worth £47 million last year, with no growth seen on the previous year. Like the sunpreps market, sales are dependent on the weather and the number of



Small oval and round shades feature strongly at Samco by Mazzucchelli

holidays taken. Mr Webster at Kitty Little is optimistic for '94, predicting 2 per cent growth.

Kitty Little now have a 35 per cent share of the sunglasses market, following their acquisition this year of the Samco, Mazzucchelli and Optico brands. Own-label accounts for 30 per cent of the market, led by Boots.

Mr Webster estimates independent pharmacies have a 30 per cent share of sales, with Boots also having 30 per cent, opticians 5 per cent and the rest divided between department stores and other outlets. He believes independents have suffered badly in the recession. "A few years ago, 60 per cent of Samco sales went through independents. When we bought it, this was down to 30 per cent." Their strategy now is to build up the pharmacy sector to what it once was.

Cristiano Miloni, designer for the Samco and Foster Grant ranges, says the main trends for '94 are small round and oval frames in tortoiseshell finishes, 50's style black shades, and round John Lennon styles are still popular. "We're starting to see antiqued metal finishes and matt plastic frames, too, which we'll see more of next season," he says. He also predicts a wave of coloured frames for 1995.

Fabris Lane, previously responsible for the design of the Samco, Mazzucchelli and Optico ranges, prior to their sale by Addis, have launched their own brands this year, Fabris Lane, Fabris Lane Etalia, Fabris Lane Etalia Sports and

Denovo. At the prestige end, Fabris Lane handmade glasses retail from £39-£89; Fabris Lane Etalia (£11.50-£49) is positioned as high quality and design-led; Fabris Lane Etalia Sports (£16.50-£49); while Denovo (£6.99-£9.99) are more traditional glasses.

The Samco '94 range features lots of tortoiseshell frames, in weathered and shiny finishes, round and oval shapes plus a strong '50's influence.

Spectacles company Silhouette are entering the sunglasses market (C&D Feb 19) with a fashion brand called S)Unlimited. A range of 36 styles are divided into Classics, Fashion and Sport categories (£39.95 each).

New from Visions is an eight-model collection from Italian designer Riccardo Polinelli (£35 each) and improvements to the Michelle Martin range. Fashion frames have been added to the Polaroid Originals range. The Shades collection has been extended with more Drivers sunglasses. For sports enthusiasts, there is a new ski collection, Snowcats (£19.95-£49).

Unichem have updated their range for 1994. Two pre-packs are available, one with 72 units (£210 including stand) and the other with 36 pieces (£105.30), and free stock worth £20.

Pilkington are supporting their Pilkington Reactolite range with a radio campaign beginning this month which runs until July. Featuring Rory Bremner, the advertisement will

focus on the benefits of the variable lens tint.

Autoglaze Optical have added skiing and golfer's visors to their Titcomb Fashion collection. A new range of point of sale material, including displays, is also available.

Jackel are offering pharmacists an incentive to stock their Sunbrella range. Orders placed now will have nothing to pay until September when the glasses have been sold. All their models now conform to BS2724: 1987.

Which lens type?

- Fixed tint CR39 (UV400): Lenses do not change with light. Absorb 100 per cent UVA and UVB rays below 400 nm. CR39 are tough, scratch resistant, lightweight plastic lenses.

- Gradient tint CR39 (UV400): Have the same properties as the above, plus a dark tint at the top of the lens, becoming lighter towards the bottom. Useful for driving.

- Acrylic: A light, plastic lens. Less robust than the CR39, but gives maximum UV protection.

- Melanin lenses (UV400): Synthetic melanin has been blended into CR39 lenses to protect against the ageing effect of the sun. Gives high-definition vision.

- Photochromic: Glass lens containing silver halide crystals which react to UV light and make the lens darker. The speed at which this happens varies between manufacturers. Not generally recommended for driving.

- Polarising: A lightweight, robust plastic lens which eliminates 90 per cent of the glare reflected from flat surfaces such as roads, water or snow. Good for driving and sport.

Sun damage

Sunlight causes ocular diseases including cancer, cataracts, ageing and cancer of the circumocular skin, pterygium and photokeratitis. As with the skin, damage to the eyes by the sun is cumulative, and protection from an early age is the best preventive measure.

The burning UVB rays can damage eye tissue in a few hours, with excessive exposure causing permanent damage to the retina. UVA rays penetrate deeper into the eye and accelerate ageing, contributing to the development of cataracts. Visible blue light has a similar long-term damaging effect on the eye to UVA.

Sunglasses which conform to British Standard (2724: 1987) will filter out all the invisible UVA and UVB rays. But blocking out all blue light would result in colour distortion which can cause other problems, for example when driving. Enough blue light has to be transmitted to allow true colours to be seen.



Sunbrella shades for kids

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Further information is available on request from: Napp Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge. CB4 4GW. The NAPP device, FULL MARKS, PRIODERM and CARYLDERM are Registered Trade Marks. © Napp Laboratories Limited, 1993. Date of preparation: December, 1993.



Wellcome plan to shed 350 jobs next year

Wellcome are feeling the pinch and plan to lose 350 jobs in the next year, over 6 per cent of their UK work force.

This news was accompanied by the announcement of falling Retrovir sales after a damaging report published in April last year queried the drug's use in asymptomatic HIV infections. US sales suffered the most, sending Retrovir sales dropping 16 per cent to £110m worldwide.

Wellcome's antiviral portfolio was dealt another blow with the withdrawal of one of their antiherpes drugs, netivudine, from the development programme after safety fears.

The City responded to the gloomy news by marking shares down 52p to 549p, despite the signing of a development deal with Glaxo and an overall sales and pre-tax profit increase.

Wellcome have signed an agreement giving them the option to develop and market the experimental compound 3TC (lamivudine) for the treatment of

HIV infections. It is currently in phase II/III of clinical trials, which includes combination treatment with Retrovir.

3TC is a nucleoside analogue being developed by Glaxo. Glaxo will, however, continue to develop lamivudine for the treatment of hepatitis B.

Wellcome's sales moved up 5 per cent to almost £1.08 billion for the six months to February 28 — £30.8m of that from Warner Wellcome Consumer Health Products, the over-the-counter joint venture between Wellcome and Warner-Lambert signed at the end of last year. Pre-tax profits rose 12 per cent to £364m,

£8m of that from this venture.

Zovirax remains Wellcome's best seller, bringing in £418m, up 13 per cent on the same period last year. But European sales suffered from continuing price pressures, although volume increased 12 per cent.

The launch of OTC Zovirax, together with a more severe cough and cold season in Europe helped to boost OTC sales 11 per cent to £150m. The remaining £928m came from prescription medicines.

UK sales brought in £70.7m, up 16 per cent on last year, although exports grew more slowly, by 5 per cent.

Boots name Sir Michael as new chairman

Sir Michael Angus will take over as Boots' chairman from July 21 and joins the board as a non-executive director immediately.

He is currently chairman of Whitbread, deputy chairman of British Airways, president of the Confederation of British Industry and a director of Natwest Bank. From 1986-1992, he was chairman of Unilever.

Chief executive Sir James Blyth will also take on the role of deputy chairman.

Managing director of the retail division Keith Ackroyd will retire at the end of July. His duties will be split between the remaining directors.



SB go for Nutritional Healthcare

Smithkline Beecham are highlighting the nutritional aspects of their Ribena, Lucozade and Horlicks brands by grouping them together under a renamed drinks division, SB Nutritional Healthcare.

"SB Nutritional Healthcare wants its brands to have mass market volume and mass market appeal, but with functional nutritional benefits," says Frank Auton, SB managing director, Europe.

The company plans to be a leader in marketing innovative and high-valued, scientifically-supported nutritional brands which promote the well-being of consumers worldwide.

SB plan a major geographical expansion into Europe and China, focusing on their three global brands and improving the scientific support behind them.

The company would also be looking at trade sector development, initially concentrating on grocery, CTN and garage forecourt sectors.

Prices up

Prices of "chemists' goods" have gone up 3 per cent over the last 12 months, according to the latest retail price index.

Bengue's Balsam

Syntex Pharmaceuticals have sold Bengue's Balsam topical analgesic in both original and stainless and greaseless forms to Pfizer. Syntex understand that the owners do not plan to market the brand in the UK.

Slimfast rethink

From May 20, Sun Nutritional's Slimfast dietary meal replacements will no longer be available to independent pharmacies through the Akzo Nobel subsidiary Chefaro. Further details soon.

Tax problems?

Help is at hand for businesses in the North West in the form of a freephone tax helpline. Anyone with a tax problem contact Mike Longman on 0800 393761 at the chartered accountants Gruber Levinson Franks.

Konica contract

Holiday-makers in Blackpool will be snapping away using Konica photographic products thanks to a five-year deal at the seaside resort. The company is busy installing two kiosks, one in the shape of a camera, to sell Konica's products.

Sanofi sales rise

Elf Sanofi's net sales rose 9.6 per cent to FF23.5 billion, while net earnings rose to FF1.1bn.

Cow & Gate buy from Robinsons

Cow & Gate Nutricia have bought Robinsons dry baby meals from Reckitt & Colman.

Cow & Gate will continue to use the Robinsons name for a short time, phasing in their own product packaging and branding from mid-May. Orders will be processed by Cow & Gate from April 18 and deliveries made from April 25.

The range is expected to benefit from a £1.5 million Cow & Gate brand campaign this Summer and a major relaunch is planned for 1995.

Cow & Gate Nutricia see this acquisition as an ideal platform from which to build a significant and competitive dry meals range.

Although Robinsons baby meals have been steadily losing brand share over the past couple of years, Cow & Gate believe this is through lack of support, as consumer research shows that the range is still highly regarded by mothers for its similarity to home-cooked food.

R&C will continue to look after Robinsons baby drinks, which will be supported with a £5m campaign along with the rest of Robinsons soft drinks.

S&N win Ditropan injunction

Smith & Nephew can exclusively market the incontinence drug Ditropan for at least the next two years because of a High Court injunction granted this week.

This effectively prevents the parallel importers Primcrown from marketing it in the UK until the matter is resolved by the European Court. S&N have sold Ditropan in the UK since 1991.

Sunday trading

The partial de-regulation of Sunday trading approved by the Commons was endorsed by the House of Lords on Tuesday.

Provisions in the Sunday Trading Bill will permit small shops to set their own opening hours on Sundays while restricting supermarkets and larger stores to six hours trading.

Reckitt's sales up 11pc

Reckitt & Colman's turnover increased 11 per cent, fuelled by overseas sales growth, especially in Latin America.

Sales to customers, as opposed to internal sales, rose to £2.09 billion in the year to January 1, with pre-tax profits up 57 per cent to £260m.

Household and toiletry, the company's main product group, brought in £1.43bn. This 12 per cent rise on last year was despite recession in their main markets and strong competition.

Growth was helped by new product launches, especially air fresheners, hard surface and toilet cleaners. The toiletry sector concentrated on depilatory and denture care franchises, with new advertising stimulating sales of Steradent in the UK.

Reckitt's pharmaceutical in-

terests were next largest, with sales up 12 per cent to £211m.

Lemsip did well in the UK, helped by the introduction of a new menthol variant and the high incidence of flu last Winter.

The future of their aspirin products looks promising, says the company, as new indications are identified. Cardiprin and Disprin CV are both expected to

benefit from these changes.

Gaviscon's UK growth was maintained, with new taste variants for both liquid and tablets introduced towards the end of the year.

The taste of Fybogel was also improved for the UK market, which will be extended to new territories through Reckitt's licensee network.

Bottomley reassures industry

The Department of Health is not convinced that generic substitution is the correct path to follow, said Virginia Bottomley, Secretary of State for Health, at the *Financial Times* pharmaceutical conference last week.

"Government has been considering generic substitution for at least a decade. In all that time, we have never been convinced that it was the right way to tackle the problem...we still remain to be convinced."

Speaking about the industry in general, she said: "Health service reform is not a threat to the pharmaceutical industry."

"We continue to need the industry to bring forward innovative treatments which



provide better care for the patient, and also more cost-effective care.

"After all, there is no reason why new products should cost the NHS more overall. More prescribing can be better and more cost-effective prescribing," she added.

Cuxson Gerrard streamline by merging divisions

Footcare company Cuxson Gerrard have merged two of their divisions as part of a streamlining and rationalisation operation.

Cuxson Gerrard & Co (Dressings) Ltd and IMS (Industrial Medical Supplies) Ltd formed Cuxson Gerrard & Co Ltd from April 1. The merger involves setting up a new telesales operation.

• The company's Carnation

range of footcare products will now be available exclusively through English Grains Healthcare, the herbal products and dietary supplement supplier.

Cuxson will take advantage of English Grains' distribution network to sell the brand to pharmacies in the UK and Northern Ireland from April 2. The deal will run for two years initially.

Ciba's sales rise 2pc

Ciba's sales rose 2 per cent to £10.6 billion (SFr22.6bn) although net profits reached £836.3m (SFr1.7bn), a 17 per cent increase on last year.

Profits rose for the third year running, with two-thirds of this year's figures attributed to increased sales, productivity and tighter asset management. Restructuring costs of £141m were also included in this year's figures. Some 3,000 jobs were lost last year.

Ciba admit, however, that under a third of the increase in profits came from changes in accounting procedures.

Their healthcare sector had a 5 per cent growth in sales, giving rise to two-fifths of group turnover. Sales were particularly strong in pharmaceuticals, self-medication, diagnostics and Ciba Vision.

Group R&D spend was £1.03bn, half of that in the healthcare sector. This sector also took up 41 per cent of capital investment.

Europe remains Ciba's largest market, representing 39 per cent of group sales, followed by North America with 33 per cent. The highest growth rates were in Latin America and Asia.

Coming events

Yorkshire Alliance

The Yorkshire Pharmaceutical Alliance have promised to reveal their details for full-line wholesaling in the region at a meeting this month.

The venue will be the Cedar Court Hotel in Wakefield at 8pm on Wednesday, April 6.

Entrance will be by invitation only, so any independent pharmacists who have not received an invitation in the post should contact Philip Marks on 0532 752103 or Elliot Goran on 0904 414912.

Swains trade show

Swains, the photographic and video wholesaler, are holding their twice-yearly show at the Peterborough Moat House Hotel on April 17.

The latest photographic and video equipment and materials will be on show plus special offers and promotions. For more information, and an invitation, contact Swains International, Eastgate House, Westgate, Hunstanton, Norfolk.

Vantage May training

Vantage's May retail training evening dates are as follows: May 18, Belfast, venue to be confirmed; May 19, Portadown, venue to be confirmed; May 25, Swallow Hotel, Paisley Road West, Glasgow. Anyone wanting to attend should contact Vantage on 0928 717070.

Advance information

The 52nd British Pharmaceutical Students' Association Annual Conference Ball is on April 9 in the Gladstone Hotel, Liverpool, at 6.30pm. Details from Marie Claire Lenny, Tel: 051-525 3611.

The British Institute of Regulatory Affairs will run the 1994 introductory course on April 17-22 at the Oatlands Park Hotel, Weybridge. Details from BIRA, Tel: 071-499 2797.

The Adam Smith Institute is holding a conference on April 18-19 at Le Meridien Hotel, London, on "Success and Survival in Europe's Pharmaceutical Market". Details from Jenny Goodchild at Business Seminars Intl, Tel: 071-490 3774.

Society of Cosmetic Scientists is holding a symposium on "Personal Cleansing and Hygiene" on April 18-19 at the Gosforth Park Hotel, Newcastle-upon-Tyne.

The Department of Pharmaceutical Sciences, RPSGB is holding an intensive residential course on "New Models for Health Care: Towards the Year 2000" on April 18-19 at the Regent's Park Hilton Hotel. Details from Dr J. A. Clements, Tel: 071-735 9141, ext 289.



Card fraud drops 21pc

Retailers, banks and customers seem to be winning the war against plastic card fraud according to the Association for Payment Clearing Services' latest figures.

Although losses from credit, debit or cheque guarantee card fraud reached £129.8m, this was a 21 per cent reduction on 1992. Nearly three-quarters of this fraud occurred at point of sale.

The single most effective measure to combat card fraud was more staff ringing up to authorise transactions, especially on high-value sales.

These findings were announced at the launch of APACS' Card Watch security campaign which is to include point-of-sale material, posters and training seminars.

The banking industry's £500 million prize draw for retailers who spot fraudulently-used cards paid out over £9m last year and will continue in 1994.

Almost half of the population have a debit card and, for one in five, whether a shop takes debit cards affects where they choose to shop. According to Visa Delta, the number of people with a debit card has risen by 18 per cent in two years.

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- ★ Major new projects include work with the medical profession, pharmacists, consumer groups and regulatory bodies in UK and EC. They involve research, training, publications and information campaigns all managed by the associations' staff.

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TRADE LESS 40%+VAT - 2x100 Cordilox 80mg (exp 4/94), 2x100 Sinemet 275, 1x250 Palaprin forte (exp 7/94). Tel: 0702 544104.

TRADE LESS 50%+VAT+POSTAGE - 425 Bonefos 400mg caps (exp 9/94), Dibenyline caps 122 (exp 6/94). Tel: 081-767 6005.

TRADE LESS 30%+VAT - 500 Urispas 100mg (exp 1/97), 60 Visken 15mg (exp 6/94), Serevent 120 dose (exp 5/94), 28 Sectral 400mg (exp 5/94), Rinattec spray (exp 4/94), 3x35 Microval 300mg (exp 4/94 & 10/95), 2x100 Melleril 25mg (exp 5/94), plus others. Tel: 0792 892308.

TRADE LESS 40%+VAT+POSTAGE - 4 Male Nelaton catheter 14ch, 4 Bard Uripal DT5L, 11 Simpla trident S4, 10 Simpla trident 500ml S/T, 4 Bard night

drainage bag. Tel: 031-332 2073.

TRADE LESS 30% - 80x100 Nutrizym GR caps, 83 Bactrim double strength tabs, 12 Fasiqyn 400 Cogentin 2mt, 100 Betaloc 50mg. Tel: 081-699 3232.

TRADE LESS 40%+VAT+POSTAGE - 5x7 Predsol Enema (exp 5/95), 2x100 Esbatol 10mg (exp 9/94), 2x100 Sinemet 275g, 112 Zantac dispersible (exp 11/95), 78 Imuran 50mg (exp 6/97). Tel: 0602 786928.

TRADE LESS 50%+VAT+POSTAGE - 2x60 Intal nebuliser solution (exp 4/94), 27 Pulmicort repsules 0.25mg (exp 4/94), trade less 30% 28 Lamictal 100mg (exp 8/94). Tel: 081-368 2819.

TRADE LESS 30%+VAT+POSTAGE - 4x30g Vioform HC ointment, 100 Lenti-zol 25mg, 20x28 Daonil 5mg, 1x60 Coracten 10mg, 3x30 Nolvadex-D 20mg, 28 Adalat LA30, 100 Zinamide 500mg, 1 Zineryt. Tel: 081-567 2922.

TRADE LESS 50% - 140 Theo-Dor 300mg (exp 5/94), 3 Polytrim eye drops (exp

5/94), plus others. Tel: 0352 752050.

TRADE LESS 30%+VAT+POSTAGE - Limbitrol 10mgx100 (exp 8/97), Alphodith 1% cream 50g (exp 6/94), Bonefos caps 30 (exp 8/94), Rehabin 100mgx100 (exp 8/95), Arythmol 300mgx60 (exp 7/97). Tel: 021-556 1665.

TRADE LESS 30%+VAT - 6x50 Hypoguard GA strips, 2x28 Lustral 50mg, 3x28 Vibramycin 50mg, 2x100 Prazosin 5mg (exp 9/94), 100 Asendis 100mg (exp 10/94), 138 Lederfen 450mg, 110 Collestid sachets (exp 9/94). Tel: 0202 573363.

TRADE LESS 40%+POSTAGE - Creon 2500 caps 15,50 (exp 8/94). Tel: 071-987 3493.

TRADE LESS 30%+VAT - 100 Hexopal (exp 3/97), 112 Hexopal forte (exp 3/98), 100 Dolobid 500 (exp 7/95), 100 Sabril (exp 1/95), 2x28 Pepcid 20mg (exp 11/94), 2x28 Pepcid 40mg (exp 12/95). Tel: 0785 212707.

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About people

Silverstone racer gets top ten place

Devon pharmacist Paul Dishman secured ninth place in his first outing in the Volkswagen Polo G40 Cup last weekend.

"It was good fun, I certainly enjoyed myself," says Paul, delighted at his placing. Especially as it was his first time at Silverstone and also the first time he'd raced in a VW Polo!

Careering down the straights at 110mph Paul discovered he "could get the car on three wheels going round a corner"!

Despite being happy with his performance, Paul feels his car needs more work done on it. But with his next race scheduled for Easter Monday, and running two pharmacies, where is he going to find the time?

Dragon champs sought for cancer research

If dragon boat racing is your forte, or even if you've never tried it, the Imperial Cancer Research Fund wants you now.

The Fund has issued a challenge to all pharmacists based in London and the Home Counties to take part in its annual dragon boat racing day at Henley on July 16.

Moss Chemists have already signed up, following their fifth placing at last year's event. Moss' managing director Barry Andrews, says: "The reason we are taking part is two-fold. First, because it supports a superb charity and, second, it's a good day out for Moss staff."

The only requirements are 20 people who can swim and a boat sponsor's package of £2,500. This includes all necessary equipment, a professional helmsman for novice crews, facilities for practice sessions and a light lunch for all crew members.

Anyone who is interested in participating in this fun charity event should contact Annette Piper on 071-269 3413.

BRITISH DIABETIC ASSOCIATION

Registered charity helping people with diabetes and supporting diabetes research



Bayer Diagnostics are sponsoring the British Diabetic Association's Diamond Jubilee this year. The company's £15,000 donation will help the BDA organise fund-raising events around the UK. Pictured (l-r) are Tony Mannering, BDA head of fund-raising; Suzanne Redmond, BDA head of diabetes care; Dr David Martin, marketing director at Bayer Diagnostics; and Michael Cooper, director general of the BDA

It's better for you in the Lung Run

If you want to get fit and raise money for research into lung disease, now's your chance, because the British Lung Foundation's annual Lung Run has come around again.

It is held on Sunday, May 1 at Sutton Park, Sutton Coldfield, and is in two parts. For the serious runners, there is a 10km British Lung Foundation registered race, while individuals,

teams and schools can take part in the 5km fun run.

There will be plenty to keep the children happy, including jugglers, acrobats, face painting, clowns, a bouncy castle, a creche, plus a jazz band for the adults.

Sponsors 3M Health will be on site throughout the day with their hot air balloon.

Last year's run raised more than £12,000 for lung research.



Gron Bennett Williams with his award for voluntary and community work

Glaxo sponsor neuro centre

A donation of £1 million from Glaxo has ensured the development of the UK's first centre offering support for people with neurological problems and their families.

The Glaxo Neurological Centre in Liverpool was opened by HRH the Duke of Gloucester.

Glaxo chairman Sir Paul Girolami says: "The company is extremely pleased to support such a splendid initiative designed to improve the quality of life for such a large number of patients."

He is shown below (right) shaking hands with the Duke.



Welsh pharmacists recognised

The input of Welsh pharmacists has been acknowledged in the annual Good Health Wales awards announced last week.

Proprietor pharmacist Gron Bennett Williams from Llandudno, Gwynedd, received the voluntary and community category award for his work as a volunteer drugs worker with Llandudno drugs group. He also co-ordinates the county's needle exchange scheme.

"All I want to do is to get my colleagues motivated to realise that they can do something in their counties," says Mr Bennett Williams.

Also Andrew Burr, independent pharmaceutical advisor for Mid-Glamorgan Family Health Services Authority, was commended in the NHS and social services category, in recognition for his "valuable contribution to health promotion in Wales".



AHA! One of nature's best kept secrets is out



Introducing the latest addition to the successful Pond's Performance range, Age Defying Complex, a unique moisturiser containing Alpha Nutrium.

This technological breakthrough, developed through the Pond's Institute, combines three of the most effective and gentle AHAs (Alpha Hydroxy Acids) which work in harmony with the skin to boost cell renewal and leave the skin fresher, firmer and younger looking.

Backed by £2.4m on TV and in press, Age Defying Complex is guaranteed to deliver real benefits for both you and your customers.

POND'S

PERFORMANCE




ELIDA GIBBS
LEADERS IN PERSONAL CARE

Adding value to skin care

What's the most effective NRT for highly dependent smokers?



“In the most highly nicotine dependent smokers (craving a cigarette on waking) nicotine 4 mg gum seems the most effective form of replacement therapy at present.”

(Analysis of the results of 28 randomised trials of nicotine 2 mg chewing gum, six trials of nicotine 4 mg chewing gum, and six trials of nicotine transdermal patch.)¹

NICORETTE®

 *Helps through the hard times*

Pharmacia Pharmacia Ltd., Davy Avenue, Milton Keynes, MK5 8PH.

1. Tàng JL, Law M, Wald N. *BMJ* 1994; 308: 21-6

Product Information: Presentation: Nicorette Mint Plus contains 4 mg of nicotine in a chewing gum base. **Indication:** An aid to smoking cessation. **Dosage and Administration:** Each piece should be chewed slowly for 30 minutes. After 3 months ad libitum dosage, Nicorette Mint Plus should be gradually withdrawn. Maximum recommended daily dose: 15 x 4 mg pieces. Not suitable for children. **Precautions:** Peptic ulcer, gastritis, angina, coronary disease. **Contra-indications:** Pregnancy. **Adverse effects:** Occasional hiccups, indigestion, hypersalivation, throat irritation. **Package Quantities:** Boxes of 105 and 30 pieces, in blister strips of 15 pieces. £3.98 (30), £10.80 (105) (trade price correct at time of printing). PL No: 0022/0113: held by Pharmacia Ltd., Milton Keynes, MK5 8PH.